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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

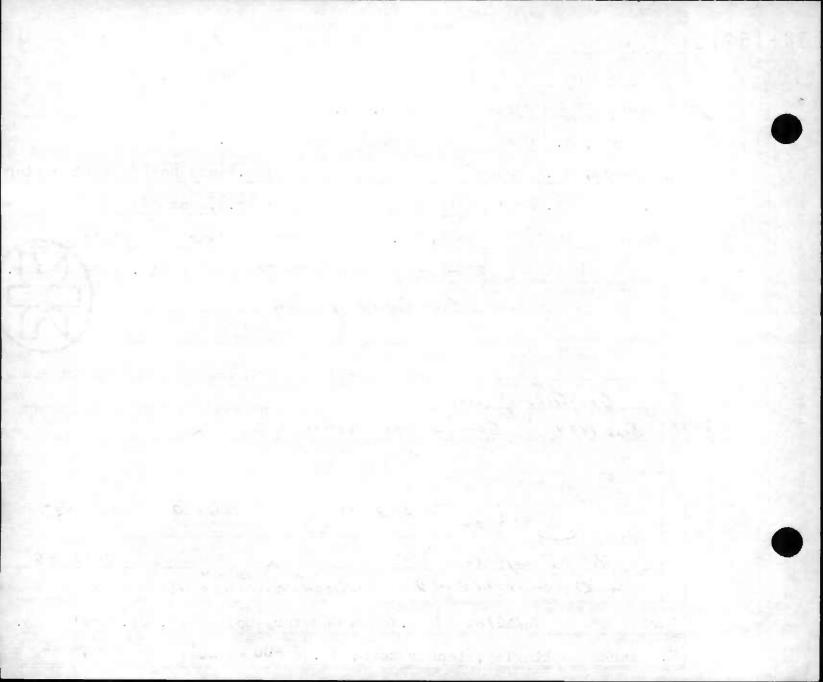
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	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	Ö	6	2	3	9 5	0
1	1. DECEASED NAME FIRST	MIDDLE	- L	AST	20 DATE OF DEA	тн момтн	DAY	YE AR	26 HOUR	-
	John	Louis	Abel	11	August	10,	198	36		М
	3. 5EX	4. RACE	5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER 24	4 MRS
1	Male	White	Dec		7.	4 YRS	MONTHS	DATE	MOOKS	795 (1946
d	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	DENEVER MARRIED	9. BALTIMORE C	_	TY OF DE	ATH	MICH.	10.1
7	Hollywood, Md.	USA	WIDOWE		St.Ma	ary's				MD.
0	Hollywood, Md.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR HOME		DR OTHER INSTITUTION	120. USUAL OCCI	MOST OF WORKING	LIFE) IND	USTRY	F BUSINES Struc	
5	SUAL RESIDENCE (IF NURSING HOME OR 130 STATE 135 COUN St.	other institution, give residence being the large of the	NWC	13d. INSIDE CITY LIMITS? YES NO 🖔	Rt.3,	RESS / ZIP CO Box 3	DE 69	20	163	36
Ź	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		DDLE		LAS	T	
	John Lou	is Abell,	Sr.	Martha	Ja		Wi	ible)	
Ĭ	160 WAS DECEASED EVER IN U.S. AR	WAR OR DATES!		17 INFORMANT		DDRESS				
U	(yes, no or unknown) (if yes, givi	220-36	-9966	Henrietta '	Thompson	n Abel	1, 8	Same	e as	13e
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	. 00:		NOT RELATED TO THE TERM	UNAL DISEASE OR	CONDITION	GIVEN IN F	PART 1co		
7	Gurkos. 190 DATE OF OPERATION Sept 197 4 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	ICH OPERATIO		20a AUTOPSY	IN CER			NGS USED OF DEATH	1?
		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	YES NO			PART 2)	140	
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY	CE FARM, ETC }	211 LOCATION STREET	CIT	y OR TOWN	COL	UNTY	STA	ATE
,	220. I certify that (I) (this hosping saw the deceased alive on above, (I) (we) (did (did not 22b. SIGNATURE)	Dylew the body after death.), ai	nd that in (my four apinian defere ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL ▼ DIRECTOR □ P	STAFF HYSICIAN [22	c. DATE	couses state SIGNED	
		SHYTHER, M.	3c. NAME OF C	MECHAN CEMETERY OR CREMATORY hns Cemeter;	1CSVICE	E, MD 2			y's	·Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Clarke Mattingley, Leonardtown, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO DECEASED NAME FIRST 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 1986 ELSIE CECELIA BEAN August 11. 2:00P 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR I SEX MONTH 6,1898 Female White Sept. 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY St. Mary's County WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR St. Mary's Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Leonardtown Home Maker AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Box 11 Bean Rd. (20680) St.Mary' Ridge YES [Md S 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Elk Combs Genevieve Oscar ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT HE YES GIVE WAR OR DATEST St. Mary's City, Md. Stephen Bean No 579-32-3821 18 CAUSE OF DEATH | Enter only one couse per li PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION hos bee 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? YES [NO [NO ond Mentol Hygi 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTHEY MEDICAL EXAMINER) PM DIVISION 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22s I certify that () saw the deces and that in (my) (am) apinion death occurred an the date and hour and from the causes stated 77k SIGNATURE MEDICAL ATTENDING STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 20650 Patrick Jarboe Leonardtown, Maryland 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Burial 8/14/86 Ridge, St. Mary's M'E. St. Michaels Cem. 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR W. Clarke Mattingley, Leonardtown, Md.

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DHMH - 16 60M 7/84 (VRA 15, 4)

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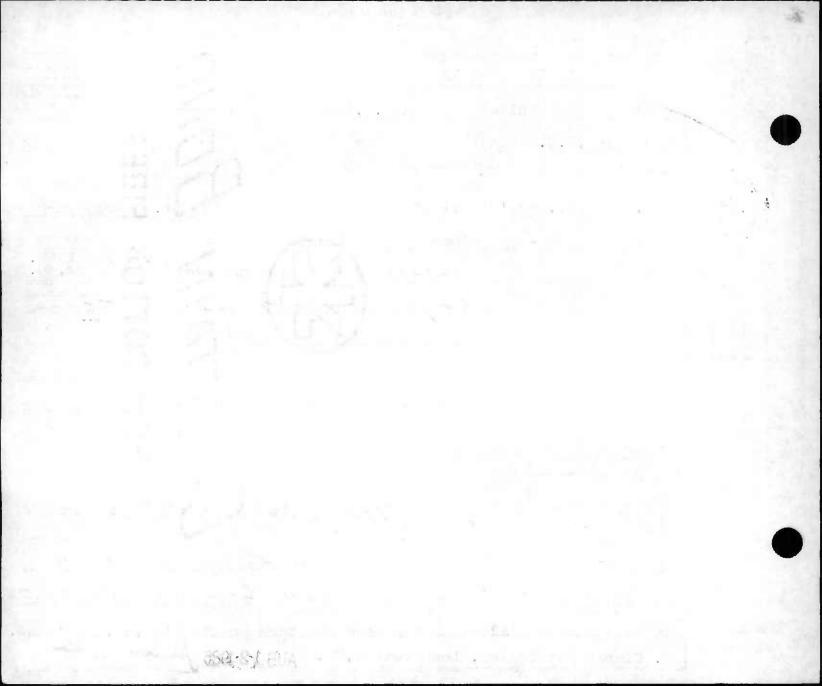
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	OSPITAL OR ATTENDING PHYSICIAN; The fow requires that the death centilizate be executed within 24 hours other death. Pag ed by the haspiral or othersdring physician.	UNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled intoy the funited die dibe detached for use as the businisticams permit Their please remains corbon papers. Pages I and 2 should be list within 2 hear
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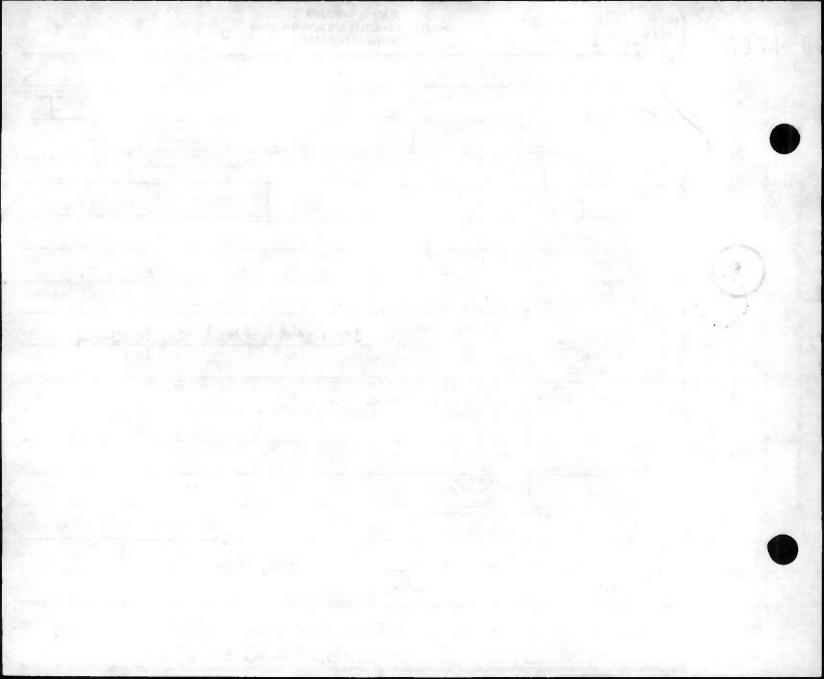
		FOR STATE REGISTRAR			STATE OF MARYLAND INT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 3	5 2
		ASED NAME FIRST	T A TJ. T	LULA	BEAN	2ª DATE OF DEATH MO	9, 198	
-	SEX	1,11,1	I AIN 1		DEAN 5. DATE OF BIRTH	August 6. AGE (IN YEARS LAST BIRTHD)		
		iale	White		Aug. 9, 1920	66	MONTHS DA	S HOURS MI
70.	BIRT	HPLACE (STATE OR FOREIGN UNTRY) Shington, D.C	76 CITIZEN OF WH	IAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	9 BALTIMORE CITY OR C		
10.	CITY	onardtown	11. NAME OF HOS	SPITAL, NURSING	HOME OR OTHER INSTITUTION DREH Thospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W. Home Mak	ORKING LIFE) INDUSTI	OF BUSINESS
50	y ST			CITY OR TOWN	nber Ses NOX	13e.STREET ADDRESS / Z Box 174 S	t. Georg	0670 ge Park
0	Wa	HER'S NAME Llter		nider	15. MOTHER'S MAIDEN NA/ Lillian	MIDDLE		Beavers
160	(YES	AS DECEASED EVER IN U.S. A 5, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	577-01-			Rt.1, Bo ington F	ark, Md
	\neg	8 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly ane cause per line	e for jay, (b), and	CIII	7 /	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEAT
-		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR A	s a consequen	CE OF		1	
G STON	F	cause (a), stating the underlying couse lost.	CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM OF AUCLEUR PERATON WAS PERFORMED	10x AUTOPS+7 /2	OB. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
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			CEASED NAME	FIRST		MIDDLE	ŀ	AST	2R. DATE OF DEATH		YEAR	2b. HOUR
ige 3 eath			MAF	SHAL	L	JOSEP	H	CAGE	August 2			11:57AI
or, pa		3 SE	х	tille also and	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
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al di	3	C	RTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
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V 0 /	e	14. F/	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	
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12	E/		YES	(11 123, 0112	THE ON DATES,	579-18-	9168	DAPHNE M.C	CAGE, SA		3 E	MATE INTERVAL ONSET AND DEATH
een signed by the a Then please remov or to burial, cremat	any injury, or othe	NOI	conde	NIFICANT C	ONDITIONS CO	mos	DEATH BUT	NOT RELATED TO THE TERM				
ate has b permit.	shows 9	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	I OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
ohysiciar certifical-transit intal Hysi	ltem 1		21g. ACCIDENT WAS UNI	CAUSE OF DEA	110110	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OF	PART 2)	
After this the buril	marked o	MEDICAL	21d, INJURY OCCUR WHILE NOT W AT WORK AT WO	RED HILE	21R PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	NIA	STATE
OR: Se as Healt	.5		220.1 certify that (1)			_			, to	. 19		that (I) (we) last
ECT for u	em 2	10	saw the deceas above, (I) (we) (ed alive an	view the body	ofter death.	, 01	nd that in (my) (aur) apinian	death occurred on the o	ate and hour and f	rom the	couses stated
the hosi tAL DIR etached ate Dept	T : H		226. SIGNATURE	(EX	has		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	2c. DATE	SIGNED
O FUNER	MPORTA		226. PHYSICIAN'S N	J ON	(PRINT)	. sha	en	Leonard		20650		
BP	2 7	23a B	BURIAL, CREMATION, SPECHY) URIAL	REMOVAL	AUG. 2			EMETERY OR CREMATORY LES MEM. GDN	1311 LOCATION CITY OF TOWN	TOWN, ST		RY'S MD.
DHMH-16 (VRA 15, 4		24 F	NAME CLARKE	MATT	INGLE	ADDRESS LEONA	ARDTO	100	TE REC'D. BY REGISTRAF	25b. REGISTRAR'S	SIGNAT	URE



within 24 hours ofter death

executed

1 -	STATE REGISTRAR			ULPAKII		ICATE OF DEATH	REG. N	10.	3 7	1
	OR PRINT)	FIRST	MIDD	16	-2	AST	20. DATE OF DEATH		DAY YEAR	26. HOUR ¹
		Robert		ncoln		esley	August			
3. SE)			RACE	,	5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	HOURS MIT
	Male		Blac			b. 12, 1920		YRS		
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	Maddox,		USA		WIDOWE	D DIVORCED	St. N		_	٨
I	TY OR TOWN OF Leonard	town	St. M	ary s	Nur s	ing Home	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINESS C
13a, S	AL RESIDENCE (IF) STATE Marylan	d St. Ma	ry's	e residence sefori CITY OR TOW Maddox	/N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS Genera	ZIP COE	i. 20	0618
4. F.A	THER'S NAME FIRST	MID	DLE	LAST		15. MOTHER'S MAIDEN N				ST
	A.	L.		hesley		Ellen	Maude		lills	
6a V	VAS DECEASED EV	VER IN U.S. ARME		SOCIAL SECU		17 INFORMANT	ADDR			
	No			215-18	-012	2A Wm. T.	Chesley	Sa		13E
CERTIFICATION	gove rise to couse (0), st underlying co	oting the buse lost.		TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER.	VINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YE	IVEN IN PART 1	NGS USED
	210. ACCIDENT WAS	h-p-d	216. TIME OF IN	NJURY MONTH D	AV VEAD	21c HOW INJURY OCCU	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2}	
CAL	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	MONITO D	19	4571.12				
MEDI	21d INJURY OCC		21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, F	ARM ETC)	ZII LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	sow the dec	eosed olive on e) (did) (did no	-	19		d that in (my) (our) opinion			19 our and from the	
	22b. SIGNATURE	16	SA	9		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN [22c. DATE	SIGNED
	22d. PHYSICIAN'S	NAME ITYPE OR PR	rah	,			nardtown,	MD.	20650	
	SURIAL, CREMATIC SPECIFY) Bu	rial	8/7/86			EMETERY OR CREMATORY	Bushwoo	d St	. Mary	s Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Davidson Mandelle

1986

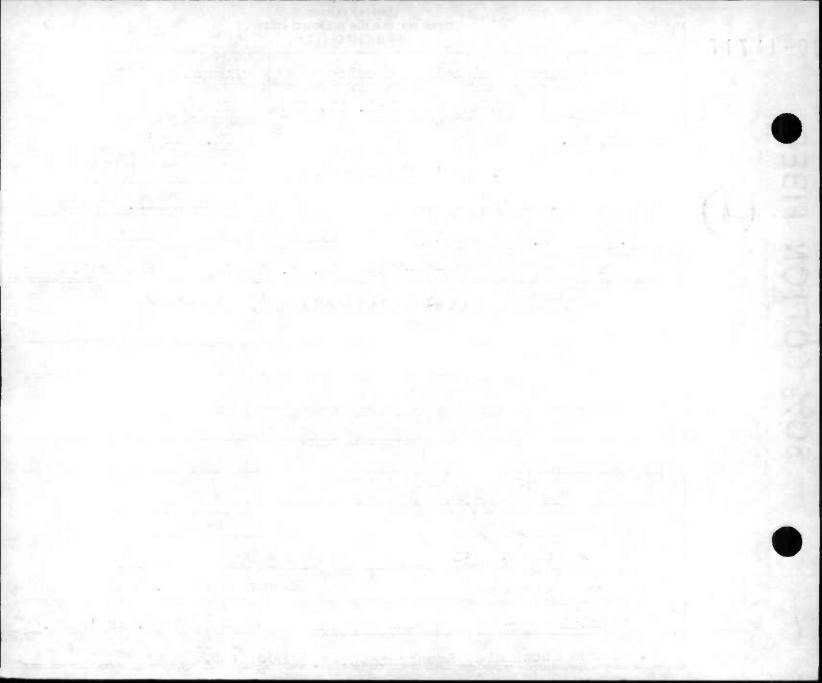
24 FUNERAL DIRECTOR

W. Clarke Mattingley Leonardtown, Md

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or affending physician.
TO FUNERAL DIRECTOR: After this certificate has bee

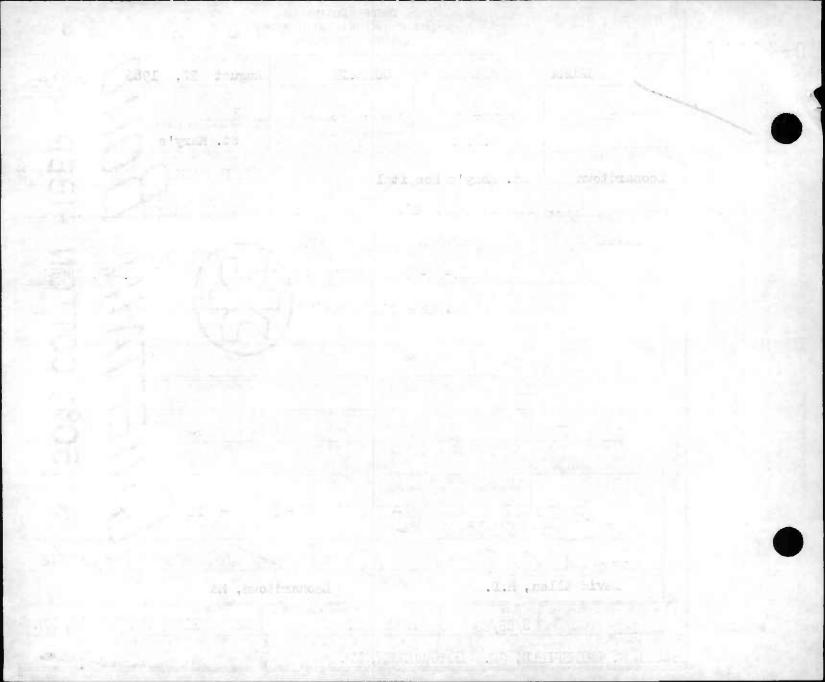


TAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	The low requires that the death certificate be executed within 24 hours after death. Page 4 may be icion.	te has been signed by the attending physician and campletely filled in by the furbral director, page 3 set norms. Then places remove cathornapers Brace I and 2 strongled within 27 brains after death
AL RECORDS, 3	The low require	e has been sign
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6807	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 6 2 3	951
poge 3 er death	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	PAY YEAR 26 HOUR
dep	ETHE		CLARKE	August 26, 19	
	3 SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS
7	FEMALE	WHITE	OCT.2, 1911	74 YRS	
7	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	WASHINGTON, DC 10 CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED XX	St. Mary's	MD. 12b. KIND OF BUSINESS OR
	Leonardtown	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	
5	JSUAL RESIDENCE (IF NURSING HOME (130. STATE 130 COL MD ST 14. FATHER'S NAME FIRST	INTY 13c. CITY OR TOV		I3e STREET ADDRESS / ZIP CODE CEDAR LANE A	
1		ENRY HALL	MINNIE	MYRTLE	COOK
1	160 WAS DECEASED EVER IN U.S. A			ADDRESS RT.	2,BOX 144K
1	NO NO		-0718 ELIZ. ANN		NARDTOWN MD
7		DUE TO, OR AS A CONSEQUE TO, OR AS A CONSEQUE TO, OR AS CONTRIBUTING TO	ENCE OF Show	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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-		at) view the bady after death		death accurred on the date and have	
	22b. SIGNATURE	@ am 5	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	128 PHYSICIAN'S NAME (TYPE	Moon, M.D.	22e ADDRESS Hollyw	ood, Md	
	230. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	BURIAL	8/29/1986 CI	HARLES_MEM.GDNS	LEONARDTOWN	ST, MARY 'S MD
	24 FUNERAL DIRECTOR	TINGLEY, LEÔNA	250 DA	TE REC'D. BY REGISTRAR 25b. REGISTI UG 29 1986	RAR'S SIGNATURE

the solution of the contract on the contract o Townsmik thom, A.F.

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with the State			id All	en, M.D.			17e ADDRESS	onardt	own, Md			0/	23/8/6
	730 B	URIAL, CREMATION BURIAL.	n, removal	8/25/8		HOLY	FACE	MATORY	GREAT		ST.	MARY	rs, Mb.
6 60M 7/R4		INERAL DIRECTOR	RINSFI		, LEÔNÂRI	DTOWN	, MD.		REC'D. BY REG	ISTRAR 25b.	REGISTRAF	'S SIGNAT	URE



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executed within 24 hours ofter

requires that the death certificate be

ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

BP.

director, page 3 hours ofter death

FOR STATE REGISTRAR

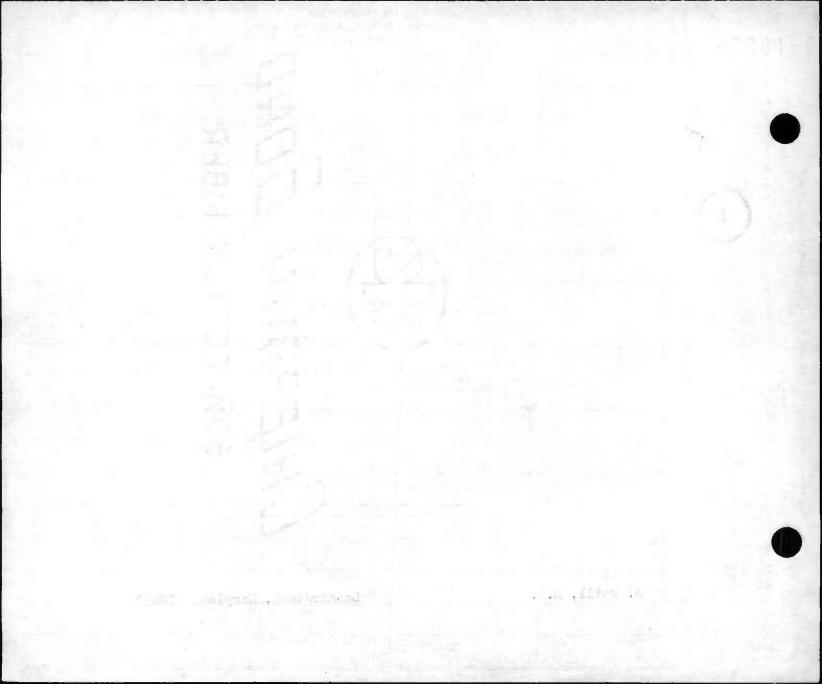
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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(TYPE OR PRINT) 3. SEX	AZRO JACKSON CORY Race										
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A.	MATION, REMOVAL	23b. DATE			METERY OR	CREMATORY	23d LOCA	TION			's M
A. 23a. BURIAL, CRE (SPECIFY) Buri	mation, removal ${ m al}$	23b. DATE	-86 St	. Geor	metery or	crematory is.Ch.C	em. Val	TION Cley	Lee	St.Mary	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please min



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ATTENDING PHYSICIAN: The law requires that the death certificate be execu-

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	REGISTRAR						PI			
	CEASED NAME	FIRST	M	IDDLE	L	AST	20 DATE OF DEA	TH MONTH	DAY YEAR	2b HOUR
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13e, S1	AL RESIDENCE IN NUMBER STATE ARYLAND	ST. MA		GIVE RESIDENCE BEFORE 136 CITY OR TOWN RIDGE		134 INSIDE CITY LIMITS?		RESS VL DELI	VERY	20680
14. FA	LOUIS	FRA	NKLIN	COURTNI	EY	IS MOTHER'S MAIDEN NA FIRST LUCY	BEAT	RICE	ABE	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

SEP 3

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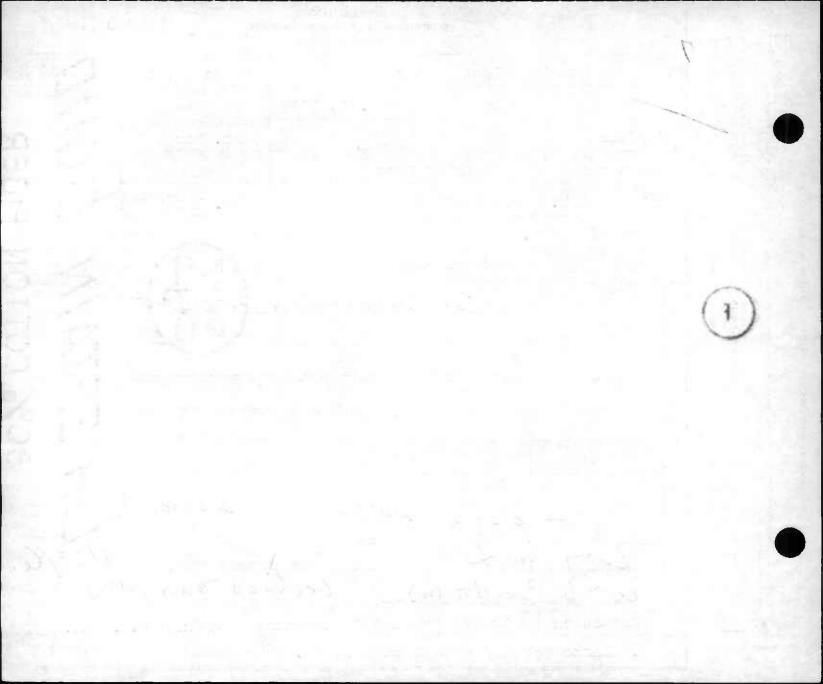
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BP. DHMH - 16 60M (VRA 15, 4)

STATE OF MARYLAND

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3 37	7	STATE REGISTRAR						REG. N	10.	
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711	(TYPE	OR PRINT)	Jessi	e Le	ena De	emsey		August 2	23, 1986	3:102
	3. SE	and the same of th		I. RACE		5. DATE C		6 AGE (IN YEARS LAST BI	MONTHS DAY	
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e-10		RTHPLACE (STATE OR	FOREIGN 7		WHAT COUNTRY	? 8.	D NEVER MARRIED		OR COUNTY OF DEATH	
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Cothled		ty or town of DE xington		(IF NOT IN SUC	HOSPITAL, NURSI CHEACHITY GIVE STREE Ambet	Hous	OR OTHER INSTITUTION	120 USUAL OCCUPAT		OF BUSINESS OR Y
must be		AL RESIDENCE (IF NUR	SING HOME OF COUNT	Marys	GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	BOX 732	20636
La Car	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME		
30		Franci	s "	H. V	Viggam -		Caroli	.ne MIDDLE	Deputy	AST
0		VAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT	ADDR	ESS	
ned	0	YES, MAPINKHOWN)	(IF YES, GIVE	WAR OR DATES)	306-05	-5142	D Gladys M	larie Cook	ce Same	as 13e
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NT. If Hem 21 is marked or llem 8 shows any injury, or other training.	CERTIFICATION	gave rise to im cause (a), stati underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOTIFY MED 27a. I certify that (I sow the decease above, (I) (we) (22b. SIGNATURE)	ATION AT	DUE TO, O (b) DUE TO, O (c) ONDITIONS C 19b COND 21b TIME C HOUR A. P. 21e PLACE (AT HOME, ST	R AS A CONSEQUENT ON TRIBUTING TO STATE OF INJURY M. MONTH E. M. OF INJURY REET, FACTORY, OFFICE TO SEE SECOND OF INJURY REET, FACTORY, OFFICE TO SECOND OF	JENCE OF JENCE OF DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21c. LOCATION STREET 21c. HOW INJURY OCCUR 21c.	AINAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)L	206. IF YES, WERE FINE IN CERTIFYING CAUS YES URY IN ITEM 18 PART I OR PART 2 OWN COUNTY Steel 19 date and haur and I ram 11 220. DA	DINGS USED ES OF DEATH? NO STATE
IMPORTANT: If Hem 21 is marked or Hem 28 shows any injury, or other from the	CERTIFICATION	gave rise to im cause (a), stati underlying cause (b), stati underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOT WAT WORK AT W	ATION AT	DUE TO, O (b) DUE TO, O (c) ONDITIONS CI 196 COND 216 TIME C HOUR A. P 21e PLACE (AT HOME, ST ONDITIONS CI PRINT)	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH E M. MOST H OF INJURY REET, FACTORY, OFFICE OF deceased from, office deceased from,	JENCE OF JENCE OF DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21t. HOW INJURY OCCUR 21t. LOCATION STREET 21t. LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNCTION TO COMPANY TO A C	DITION GIVEN IN PART 200. IF YES, WERE FINE IN CERTIFYING CAUS YES DURY IN ITEM 18 PART I OR PART 2 OWN COUNTY Back 19 date and hour and I ram the county of the cou	STATE ., that (1) (we) last



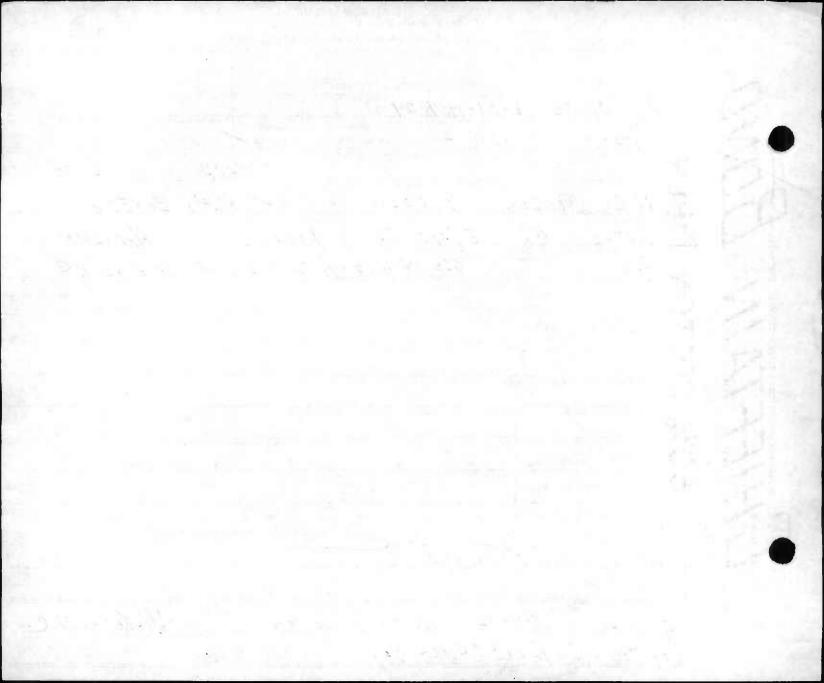
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REG. NO REGISTRAR L DECEASED NAME 20 DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) OUR FILES. N.72 HOURS YON STREET. Bruce T. Evans DEATH MATED 1986 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE 2d HOUR MONTH LAST BIRTHDAY) PRONOUNCED 1:00 1,86 DEAD a. M 9. BALTIMORE CITY OR COUNTY OF DEATH **BIRTHPLACE** MARRIED NEVER MARRIED WIDOWED [DIVORCED St. Mary's County, CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) WORKING LIFE Rt. 242 Avenue SUAL RESIDENCE (IF IN NURSIN) 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL CHIEF MEDICAL EXAMINER ALONG W EUSED AS A BURIAL TRANSIT PERMIT TOF HEALTH AND MENTAL HYGIENE, D URIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 MEDICAL CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE. WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF THE PRINCE OF PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BARKWORE, MARYTAND, 21201 PRIOR TO BURKAL. YESXX NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR XXXXMONTH DAY YEAR UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH 1 149P.M. motorcyclist in collision with auto 8-19 86 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 242, Avenue, St. Mary's County, Maryland road Autapsy XX 220. I certify that I took charge of the remains almost band above, held an Inspection and in my apinion Accident death resulted tom Natural causei Suicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. SMyth, M.D. (TYPE OR PRINT) ADDRESS. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATOR'

BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

M JUNERAL DIRECTOR

(VR A15 ME (5))



CTOR. FILES. OURS

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84

25M

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPAR **MEDICA**

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l	EX	ΔA	AIN	JER'S	CERTI	FICA	TEOF	PEATH	6

REG.	NO.	9 1	5	3			
NWC STI-		MONTH	DAY		YEAR	2b	HC

(TYPE OR PRINT)	MONTH DAY YE
ANNIE VIOLA FENWICK DEATH MATED TO	JULY 179 8
3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS I DAYS HOURS I MIN PRONOUNCED	MONTH DAY YE
MONTHS DATS HOURS MIN. PRONOCHICED	JULY 1719 8
BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR	COUNTY OF DEATH
MARYLAND USA WIDOWED DI ST. MARY	S
ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE C	
PATUXENT RIVER PATUXENT RIVER NAVAL HOSPITAL HOME MAKER	
WOOAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	20653
MD. ST. MARY'S LEXINGTON PARK NOX RT 1, BOX 35	54
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
ALEXANDRIA ARMSTRONG ANETTA	TAYLOR
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
NO 220-16-4745D MARY IDOLIA SHUBROOF	SAME A
18. CAUSE OF DEATH (Enter only one couse per line for a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXI.
immediate Cause (a) A rabable myocardial	tellon
(DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which	
gave rise to immediate (b) cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF	4
lying cause last.	Tr.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to .	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 218. EXTERNAL CAUSE WAS 218. TIME OF INJURY HOUR AM MONTH DAY YEAR HOUR AM MONTH DAY YEAR	20 AUTO
	YES
716. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21d PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	
WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY
	in my apinian
death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,	
ACTUAL TITLE (SPECIFY)	DATE -
SIGNATURE	SIGNED
EXAMINER'S NAME	
(TYPE OR PRINT) WILLIAM D. BOYD, II, MD ADDRESS LEONARDTOWN, MD.	20650
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY
BURIAL 7/21/86 ZION UNITED CHURCH LEXINGTON PA	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINT ESTI-OUR FILES. 472 HOURS ON STREET, DEATH MATED ISSARY, PLEASE PAL DIRECTOR. CLARENCE EDWARD FOTHERGILL 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED HOURS DEAD MALE WHITE 211986 JUNE 191 DITA 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED FOREIGN COUNTRY) SOUTH DAKOTA USA WIDOWED DIVORCED MARY'S O CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IE NOT IN SUCH EACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIEE) RIVER PATUXENT NAVAL HOSPITAL 2, AND 3 TO 3. RETAIN F SHOULD BE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13b. COUNTY ST.MARY'S MD. LEXINGTON PARKES 221ESPERANZA DR. (20653 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Wilson Joseph Fothergill MARY ETHEL KINDLAYSIDES 17. INFORMANT ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IE YES, GIVE WAR OR DATES) 578-24-1173 ELIZABETH YES FOTHERGILL.SAME CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY W. PRESTON ST IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which SED AS A BURIAL-TRAINED AND MENTAL CREMATION, OR RE gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "YE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTWORE, MARYLAND, 21201 PRIOR TO BURIAL. 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Inspection A and in my apinion Inquiry death resulted from Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William D. Boyd, 11, M.D. ADDRESS Leonardtown, Md. 20650 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 73r NAME OF CEMETERY OR CREMATORY 23d LOCATION

STATE OF MARYLAND

DHMH - 17 (VR A15 ME (5)

24 FUNERAL DIRECTOR 20M 4/82

BURIAL

CLARKE MATTINGLEY, LEONARDTOWN, MD.

ARLINGTON NATL.CEM.

8/28/86

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

0

YES .

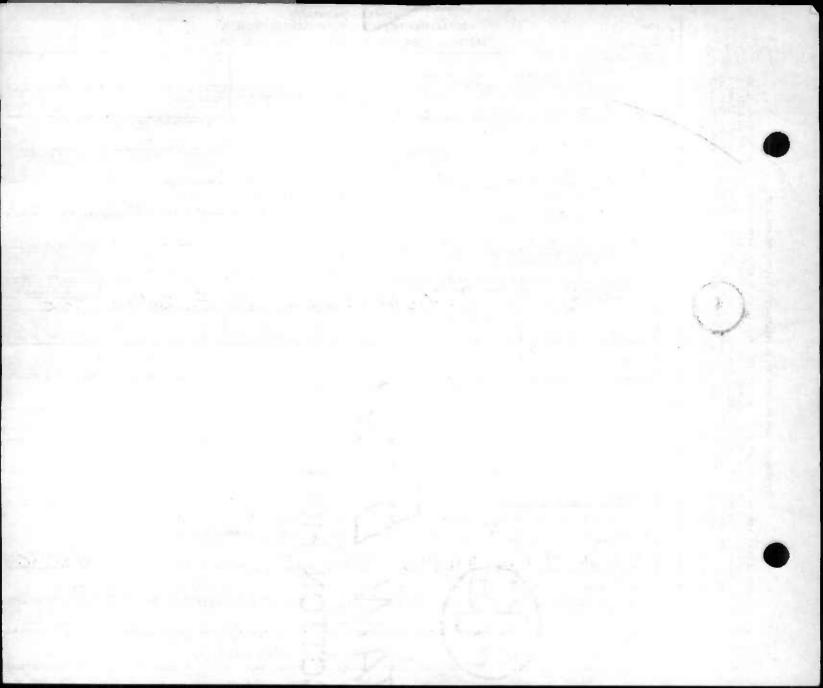
NO [

STATE

24 HOUR

ARLINGTON, ARLINGTON

COUNTY

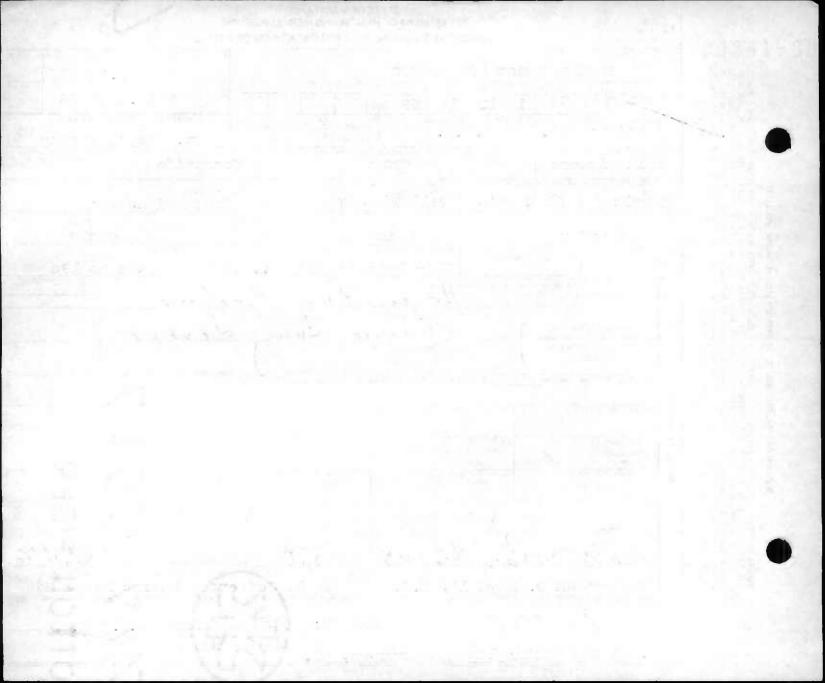


Aug. 26 1986 2d. HOUR Aug. 26, 1986 9 BALTIMORE CITY OR COUNTY OF DEATH St. Mary's County OR INDUSTRY South River Road Brooks Same as 13e BETWEEN ONSET AND DEATH 20 AUTOPSY? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and in my apinion DATE EXAMINER'S NAME WM D. Boyd 11, M.D. 17 Jefferson Street Leon. Md 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 8/28/86 Cedar Hill Crematory Suitland P.G. Md 24 FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, MD

STATE OF MARYLAND

DHMH - 17 (VR A15 ME (5)) 20M 4/82

0



EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

(VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIZNE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

23	9	6	7
DEG NO		-	

	REGISTRAR CEASED NAME FIRST	7712	MIDDLE	(AST	REG. NO.	
	CEASED NAME FIRST E OR PRINT)		MIDDLE	(ASI	OF ESTI-	ONTH DAY YEAR 76 HOL
	DEB		KIM	1000	LLEY DEATH MATED 28.	-30-86 ¹⁹
SEX	1 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	4 HRS. 2c. DATE MO MIN PRONOUNCED	NTH DAY YEAR 12d HOL
-	EMALE KOREA		,1980 6 YRS.		DEAD 8-	-30-8519 12:2
	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF W	HAT COUNTRY?	ARRIED NEVER MARRIE	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	LTIMORE, MD.	USA		DOWED DIVORCE	ST Ward	S County M
CI	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, OR ACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	OR INDUSTRY
	TUXENT RIVE		ver Naval Air	Station		Mari How
Je S	LATE 13b. CC	UNTY	13c. CITY OR TOWN		13e STREET ADDRESS	21/01
_		MARY'S	RIDGE	YES NOXX	GEN.DEL.	00000
4. F.A	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	MIDDLE	LAST
	JOE		KIM	MARY	ELIZABETH	HOLLEY
60. V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO). 17. INFORMANT	ADDRESS	
	NO		NONE	MARY ELI	ZABETH HOLLEY	
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one cause per line	for (a), (b), and (c).)	509 MCCABI	E AVENUE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEI	DIATE CAUSE (a)	Seizure disord	er Baltimo	ore, Md. 21212	
	Truste.		AS A CONSEQUENCE OF			
	Conditions, if any, wh					
	gave rise to immedi couse (a) stating the una		AS A CONSEQUENCE OF			
	lying cause last.	DOL 10, OK	AS A CONSEQUENCE OF			The law law law
	BART A BENCE CICARRECANT CRANKE	(c)				
z			BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART	1.(a)	
10	mental reta					
CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTOPSY?
RTF						YES NO
	21a. EXTERNAL CAUSE WAS		F INJURY A. MONTH DAY YEAR	1c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
CAL	CONTRIBUTING CAUSE					
MEDICAL	21d INJURY OCCURRED		OF INJURY (AT HOME, 2' TORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
X	AT WORK AT WORK	D SIRGEI, FAC	TORT, FARM, ETC.)	JIREET	CITORIOWN	COUNIT
		6.6		sutapsy X, Inspection		
	22a I certify that I took ch					my opinion
	death resulted fram: N	atural couses X,	Accident, Suicide	, Hamicide .	Undetermined monner,	
	ACTUAL -	1 0	2	TITLE (SPECIFY)		
	SIGNATURE	n		_m.dAssistan	EMEDICAL EXAMINER S	ATE IGNED 8-31-86
	EXAMINER'S NAME		M 7 M D	111 D	Name Observat	
	(TYPE OR PRINT)	Willian	m M.Zane, M.D.	ADDRESS111 P	enn Street	
23a. BI	JRIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BU	JRIAL	9/3/86	ST.PETER	CLAVERS CEN		ARY'S MD
4 FU	JNERAL DIRECTOR				C'D. BY REGISTRAR 256 REGISTRA	
J	CLARKE MAT	TTNCLEV I	FONAPDITOMN	MD SEP	5 1986 Steria David	four-liandation

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2340

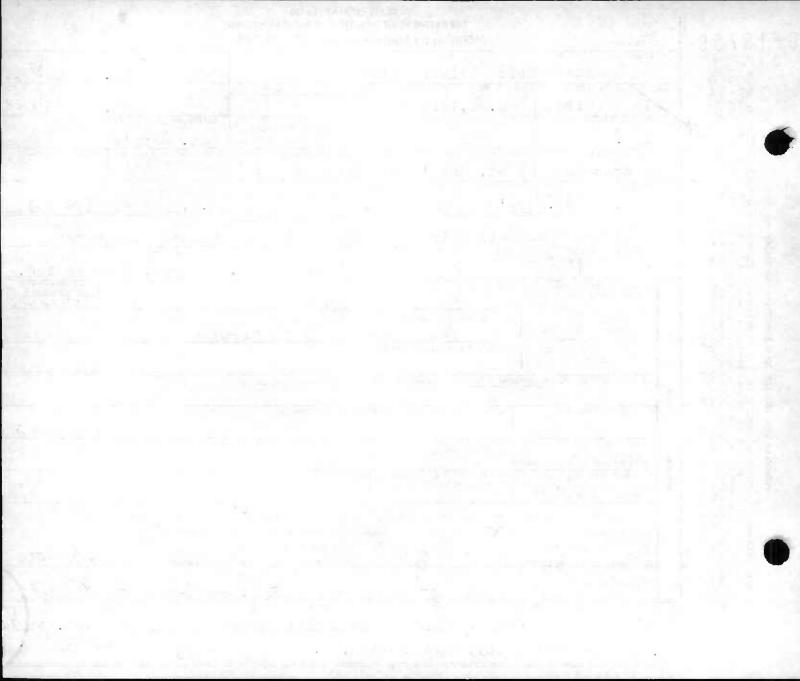
Male Male Mhite More White Mark Mark Mark Mark Mark Mark Mark Mark Mark Midow Mark Mark Midow Mark Midow Mark Midow Mark Mark Midow Mark Midow Mark Mark Mark Mark Mark Midow Mark Mark Mark Mark Midow Mark M	IOWE, SR E OF BIRTH IT OF BIRT	20. DATE OF DEATH MO 6 AGE (IN YEARS LAST BRITHD) 67 9 BALTIMORE CITY OR C	NTH DAY YEAR 25 HOLE -3-868-1 AY) IF UNDER I YEAR IF UNDER MONTHS DATS HOURS YRS.	OAM
Male Male Mhite More White Mark Mark Mark Mark Mark Mark Mark Mark Mark Midow Mark Mark Midow Mark Midow Mark Midow Mark Mark Midow Mark Midow Mark Mark Mark Mark Mark Midow Mark Mark Mark Mark Midow Mark M	ine 19, 1919	67	MONTHS DATE HOURS	
Male White JO Name of Foreign Clements, Md. Whove Mark Whove III. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ine 1º9, 1'919	67	MONTHS DATS HOURS	
70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARR WIDOV 70 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	NEDX XNEVER MARRIED		YRS.	
Clements, Md. USA WIDOV 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		9 BALTIMORE CITY OR C		
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		St. Mary		MD.
Mleonardtonw St. Mary's Hospit		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI	12b. KIND OF BUSIN	ESS OR
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b. COUNTY 13c. CITY OR TOWN Maryland St. Mary's Leonardtow 14. FATHER'S NAME PERTAN Martin Howe	13d INSIDE CITY LIMITS?	MIDDLE	-225 LAST	50
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO	17. INFORMANT	Agnes	Harris	
Yes No OR UNKNOWN (IF YES, GIVE WAR OR DATES)	Mary Evolu		Same as 13	e Ter
PART I. DEATH (Enter only one couse per line for io), (b) and ic.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	fulmonay a of Bla	Arrest-	APPROXIMATE INTE	J DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	UT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN PART 110	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY	ION WAS PERFORMED	200 AUTOPSY? 21	Db. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES TO NO T	TH?
		ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINER) 15 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive an short state of the deceased from the decea	and that in (my) (our) apinion d	eoth occurred on the date	ond hour and from the couses st	toted
kough of Matter m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	-5-2	56
KRISHAN M- MATHUR	17 Mars	hall Ref	Maldo of	
230. BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
(SPECIFY)		CITY OR TOWN	CQUNTY	STATE
(SPECIFY)	es Memorial	Gardens Le	onardtown St	. Mar

DHMH - 16 60M 7/84 (VRA 15, 4)

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Lander Country of March 1989 and Country of the Cou



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE FO - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH Mary Catherine Jarboe August 5, 1986 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH May 3, 1894 Female White 92 IN BUTTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Leonardtown, Md St. Mary's USA D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 175 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Leonardtown Mary's Hospital Homemaker St.Mary Washington Street 13d INSIDE CITY LIMITS? Maryland Leonardtown 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Leftredge Jane Bradburn Connelly Sarah James 16b SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIE YES GIVE WAR OR DATES! 215-54-8932 Mary L. Stone Box 326 Hwy.925 Waldorf, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF 1 /m. nobable myo cardeal Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OF TOWN NOT WHILE

STATE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 813 66

Bove (1) (we) (did) (did nat) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING. DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) John F. Fenwick M.D. Leonardtown, Md. 20650 230 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/B4

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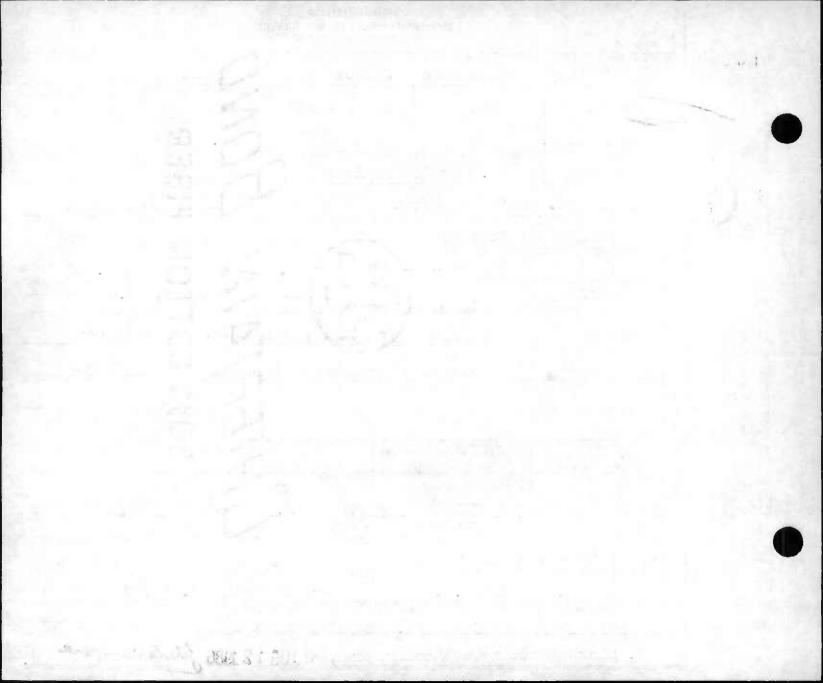
Burial 24 FUNERAL DIRECTOR W. Clarke Mattingley Leonardtown, Md. (VRA 15, 4)

8/8/86

Aloysius Cemetery Leonardtown St Marys

2b. HOUR

IF UNDER 21 HRS



15001	1-	FOR STATE REGISTRAR		DEPARTM	NENT OF HE	ALTH AND MENTAL HYG	JENE 6 2	3	7	1
1300		CEASED NAME FIRST	MIDE	DLE	ĹA	16		MONTH DA	YEAR	2b. HOUR
e 4 may be ctor. page 3 safter death	(TTPE	PEGGY	SUSA	AN	JOHNS	ON	August 8,	1986		9:20A M
mey de	3-SE	X	4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
S of o		Female	White		Oct. 19,1958		27	YRS.	NAS DATS	HOURS MIN.
2 10 de 10 d	o Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	8 MARRIED	☐ NEVER MARRIED 🕱	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
deoi	Mc		USA		WIDOWED	DIVORCED [St. Mary's County			
s ofter of	Leonardtown		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Mary's Hospital			TYPE OF WORK FOR MOST CLET	ON IF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR	
24 hour	130. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN St. M.	other institution GIV	LE RESIDENCE BEFORE LE CITY OR TOWN Leonar	dtown	13d. INSIDE CITY LIMITS?	130 SIREET ADDRESS . Gen . De .	ZIP CODE	650)	
or the second	5 FA	THER'S NAME	MIDDLE.	Johnson		Dorothy	Ann		Faů	hce
e d e cut		VAS DECEASED EVER IN U.S. AR/	OR O LIES	SOCIAL SECU		17 INFORMANT	ADDRE			
Poge exe		VES, NO OR DAKNOWN) (IF YES, GIVE	WAR OR DATES	216-70-	-8189	Charles L	eRoy Black	kistor	ne Sar	me as 13
quires that the death certificate signed by the attending physicir len please remove carbanpaper to burial, cremotion, or removal. njury, or other traumotic event, th	NO	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSE! IMMEDIAT Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR A	S A CONSEQUE	NCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN		MATE INTERVAL ONSET AND DEATH
n. nos beer permit. ne prior ws ony i	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN	NGS USED OF DEATH?
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DHMH - 16 60M 7/B4 (VRA 15, 4)		oneral director . Clarke Matt	ingley,	Leona	rdtov	m, Md. AUI	e rec'd, by registrar 6 1 2 1986	Sb REGISTRA	AR'S SIGNAT	URE

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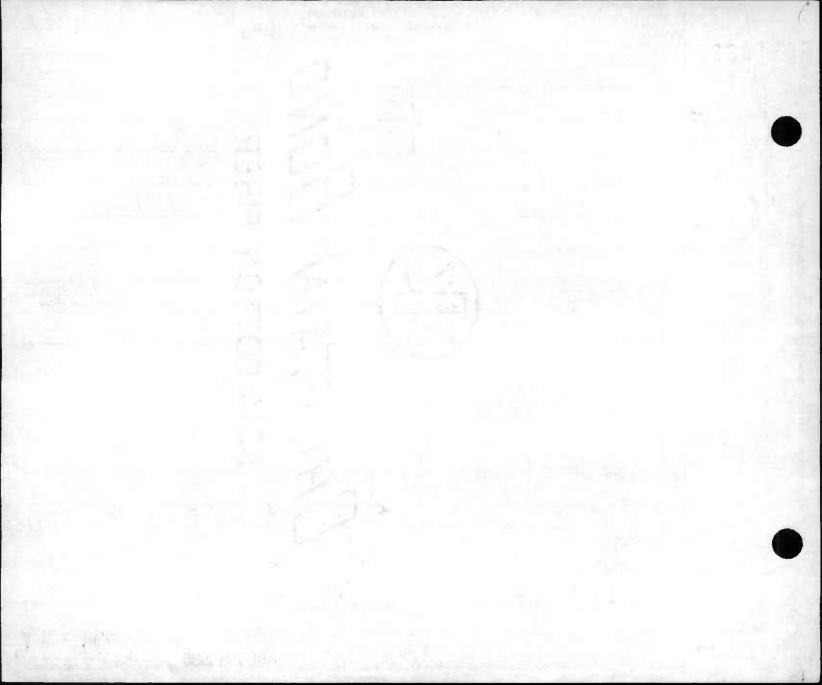
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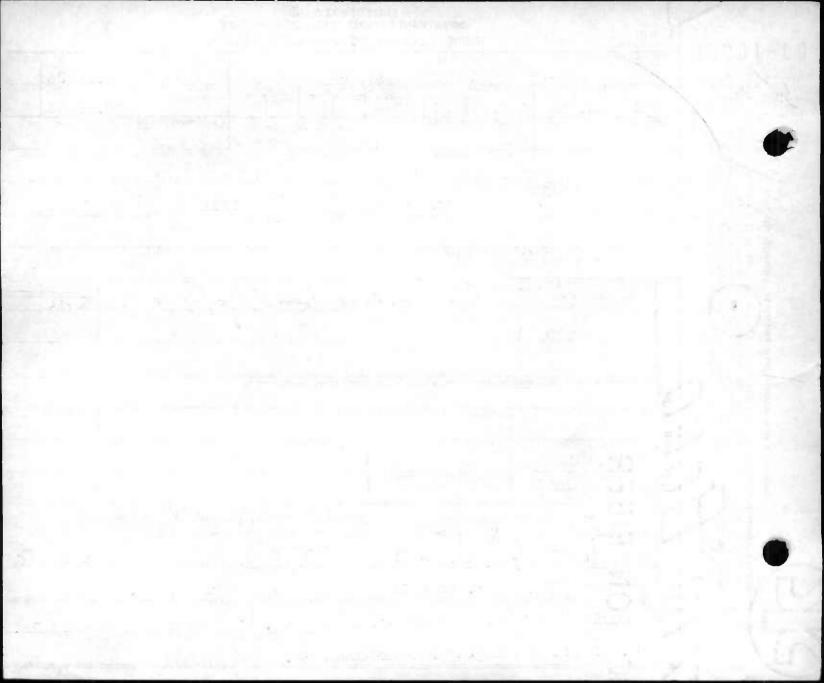
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Sicial	lo/			18 CAUSE OF DEATH E	iter only one couse pe	er line topio , (b), or	nd :=	1 1			APPROXIMAT RETWEEN ONCE	LAND DEATH
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DIR	Dep H He			75 /	n		24	ATTENDING	MEDICAL STAFF		W. DATE SIG	1
RAL	Z tote		70	22d. PHYSICIAN'S NAME	Jan		1	PHYSICIAN 222 ADDRESS	DIRECTOR PHYSICI	AN .	0/17	100
S S S	the S	/			1/11/			TE ADDRESS	, ,		1	11/
O F	with the Stati	1	- /	thus	HILLA			Dex 6		nanc	(10m	ING.
66	19			URIAL, CREMATION, REM	1-43			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE
1	1	8		URIAL	AUG.	20,1986 A	RLING	TON NATIONAL	ARLINGTO			GINIA
			24 FL	INERAL DIRECTOR			DI TMG	250. DA	TE REC'D. BY REGISTRAR 2	5b. REGISTRAF	R'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

ARLINGTON FUNERAL HOME 3901 N. FAIRFAX DRIVE

AUG 25 1986 June Devident Miles





11716	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	74
14/15	1. DE	CEASED NAME FIRST	WIDDLE	· LAST	REG. NO. 12a DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
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pog er de	3. SE		4. RACE	S DATE OF BIRTH		5:00 P M
The same of the sa		Male	White	маў 18% 1906	80 YRS	NTHS DAYS HOURS MIN.
eoth. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	St. Mary's Count	
s offer d	10. C	ITY OR TOWN OF DEATH	St. Mary's Hos	nital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
othin 24 hour	I	ATHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFO VIY 13c, CITY OR TO' Mary's Lexin	gton Park NO		20653 Drive 53
w ba	1	John	Landis	Alice	Emma War	d LAST
e execution and ca		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	Same
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i that the death ce do by the attendin lease remove carb iial, cremotion, ar ar ather traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENT OF THE TAS DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OF T	TATIC MELA JENCE OF DDER CAR	CIWOMA	3YRS ZMTHC
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The law rician. The has been sit permit. Green prior	CERTIFICATION	7 2 86	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, V IN CERTIFYIN YES YES YES	VERE FINDINGS USED NG CAUSES OF DEATH?
IYSICIAN: The ding physicio physicio secrificate burial-transit Mental Hygie or Hem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB PART	I OR PART 2)
IG PHYS attendin ter this c s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN outal or TOR: Affar use a of Health		22a I certify that (I) (this haspit saw the deceased glive on abave, (I) (we) (did) (did no	al) attended the deceased from	, and that in (my) (our) opinion	death occurred an the date and hour o	that (I) (we) last
O HOSPITAL OR ATTEN TO FUNERAL DIRECTOR should be detached for v with the State Dept. of H MAPORTANT: if them 21 is		Kishus P	pyrama	DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL TO FUNERAL should be deta		22d. PHYSICIAN'S NAME (TYP) K. Javaraman	1 V	22e ADDRESS Mechanicsvi	ille. Maryland 206	59
Of of S		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	OUNTY STATE
BP DHMH - 16 60M 7/84		Burial UNERAL DIRECTOR NAME	8/6/86	Charles Memorial 250 DA	Gardens Leonar	dtown St.Mar
(VRA 15, 4)		W. Clarke	Mattingley I	eonardtown, MDAL	16 7 1986 Julia Dav	MD.

William at the war of

minetor, page 3 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 10 FENNERAL DIRECTOR. After this conflictors has been uplied by the other ding physicion and continued be settled to use as the buriel fraunt permit. Then please terminals carbon papers. Page this frame Dept. of Health and Mertal Health again prior to be ried committion, or removal. INPORTANT IF here 21 is marked at the 18 show only injury or other trainmostic event, the medical of

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DHMH - 16 60M 7/84 (VRA 15, 4) FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPENE 6

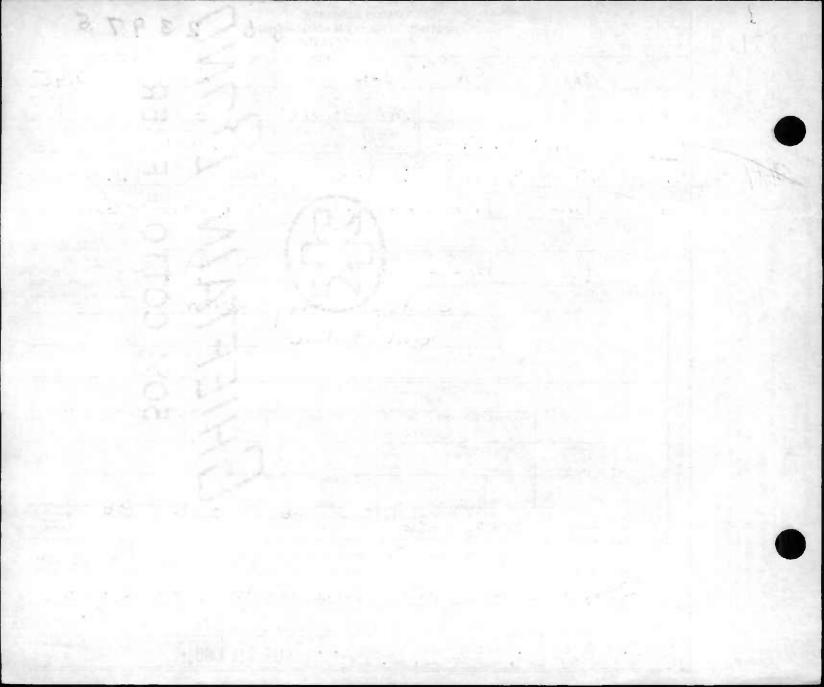
CERTIFICATE OF DEATH

REG. NO.

LAW 20. DATE OF DEATH M

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		CEASED NAME FIRST CHA	//	R.	AST LAW	20. DATE OF DEATH	MONTH 8 OAT	10 YEAR 6 26. HOUR
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2	JA CI	Pennsylvania,	1. NAME OF HOSPITAL, N	WIDOWE	DROTHER INSTITUTION	ST. MC	ry's Co	JUNTY MD. 12b. KIND OF BUSINESS OR
4		andatta Hade	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	1	COAST GUA	OF WORKING LIFE)	U.S. Government
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		es, no or unknown) (IF yes, give y	167-0	3-2590	Blair Law	Hamstead,	MD. 21	1074
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a),				-54	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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		Canditians, if any, which gave rise to immediate	(b)	4641	tailure			
H		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		. "	1.00	
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7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20s AUTOPSY?		VERE FINDINGS USED
	TIFIC					YES NO	YES [NG CAUSES OF DEATH?
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A	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
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		saw the deceased alice a above (II) we) (did) (did na)	view the body ofter death.		nd that in (my) (our) opinion d	eath occurred on the d	ate and hour ar	
		22b. SIGNATURE	1 11		DEGREE	MEDICAL STA	FF .	22c. DATE SIGNED 8-10-86
4		22d PHYSICIAN'S NAME GYPE OR			PHYSICIAN	DIRECTOR PHYSIC	CIANEL	10 10 00
1		120.11	1 32 - 1	10	_	reduich	an.	20678
+	23a P	URIAL, CREMATION, REMOVAL	23b. DATE	1234 NIAME OF C	EMETERY OR CREMATORY			
	B	Wilal	8/15/86		side Cemetery	Dubois	crearge	eld Co. Pennsylvania
		heral pirecter Russell			lar size		25b REGISTRA	R'S SIGNATURE
	16	30 Edmondson Aug	C. Witzke F	llo MD	21228 All	6 1 2 1986	C. Sante	Magan-Market



	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0	2 3 REG. NO.	4 7	6
4		CEASED NAME FIRST		IDDLE		NOWSKI	2a. DATE OF DE		C-86	26 HOUR
1			4. RACE CAUCAS		5 DATE O	PERTH YEAR 92	9 BALTIMORE	4 YR	IF UNDER 1 YEAR	
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0	CI	narlotte Hall	Charlot	te Hal	1 Ve	erans Home	120 USUAL OC (TYPE OF WORK FO Farm	R MOST OF WORKIN	G LIFE INDUSTRY	ming
9	13a S Ma	AL RESIDENCE (IF NURSING HEAD) TATE TYLAND	OUNTY A.A.	Severn	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADD 8147 1	RESS / ZIP CO	Road 2	21144
1)]4. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N		AIDDLE	L.	AST
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4		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE YES WW	s, GIVE WAR OR DATES)	217 03		17 INFORMANTGlen Frank Mal:		10 "		.061 et S.W.
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1	TIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? 20b. IF	YES, WERE FIND RTIFYING CAUSE YES	INGS USED S OF DEATH?
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1		22a. I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di 22b. SIGNATURE	e an AUG do not) view the bady of	19_	-	DEGREE ATTENDING PHYSICIAN 222 ADDRESS	n death accurred a	STAES	haur and fram th	e causes stated E SIGNED
		JOHN/1	4. 165		no		odz Pi		FRE	DENICK, MA
	23a. B	Burial Burial	23b. DATE 8/8/8			EMETERY OR CREMATORY	23d. LOCATIO	OWN	A.A.	Md.
	24 FL	JNERAL DIRECTOR				25e. D	ATE REC'D. BY REG	ISTRAR 256. REC	GISTRAR'S SIGNA	TURE

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AUG

Frelia, Davidson Pandalle

DHMH - 16 60M 7/84 (VRA 15, 4)

Raymond C. Fink Glen Burnie, Md.

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- 10201		CEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
2 50		Charl	es Fidelis	Malov		8-19-86		1730 _M
8 8 AX	3. SE		4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	
一 またり	1	male	white	A so to i	P 21 1893	93	YRS.	HOURS MIN.
1 42 87-		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.		9 BALTIMORE CITY OR C		
4 55 75		country)	A HOA	WIDOWEL	NEVER MARRIED DIVORCED	St. Max	b	MD
1 34/25/		ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR	RSING HOME O	Y-V	12a USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
- f 45 %()	101	. 0 . 6 . 11 . 0 0	(IF NOT IN SUCH FACILITY, GIVE STI		and Hama	(TYPE OF WORK FOR MOST OF WI	ORKING LIFE) INDUSTRY	
The state of the s	PUSU	ALRESIDENCE (IF NUR	Charlatte Hal		ans Home	Auditor		
1 16 65	13a	. W	UNTY 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z		
3 1 3 5		Auland Man	tgomery Bethes	da	YES NO	9210 Shelt	on Street	2081
11011	17	FIRST	MIDDLE LAST		FIRST	WIDDLE	Ł	AST
1 10/42		Frank	J. Mal		Mary	Ann	M	leeham
0 de 0 de 0		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 16b. SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRESS		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Vo	s (1	UW T 220-44	-0883	Mary Claire	Fittipaldi 1	Daughter	Same as
that the death cert of the second of the sec		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF	nary arres			
RDS, 2 rquire rquire Therr r to bu	NO	metastat	ic colon canc	er	NOT RELATED TO THE TER	rminal disease or condit	ION GIVEN IN PART 1	la
DIVISION OF VITAL RECORDS, 20 NG PHYSICIAN: The low requires of the objections of the burst front has been vigned as the burst frame prior to burst hand Membil Hygiene prior to burst orked or them 18. Navy Joyn Hury, a	THEATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	
N TO SEE SEE	CERT	210. ACCIDENT WAS UNDERLYING	110110 111 11011711	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
5 22 1911/	1	OR CONTRIBUTING CAUSE OF	DEATH	19				
O STORES	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
VIS CONTRACTOR	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	ICE, FARM ETC)	STREET	CILLOKTOMN	COUNTY	STATE
D TO STORY			ospital) attended the deceased fro		10	8/19/	'86 10	, that (1) (we) last
CTOR. CTOR.			0/10/06		d that in (my) our apinio	n death accurred on the date	and haur and from th	
A HELD I		22h SIGNATURE		0	EGREE			E SIGNED
4 4 4 5 5 T		Jul 1		-	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/	19/86
E & S & S & 7	1	224 PHYSICIAN'S NAME (TH	or ment)		22e. ADDRESS			
P F G		Ronald J	. Ross Jr. MD)	Prince	Frderick, Ma	ryland 2	20678

DHMH - 16 60M 7/84

(VRA 15, 4)

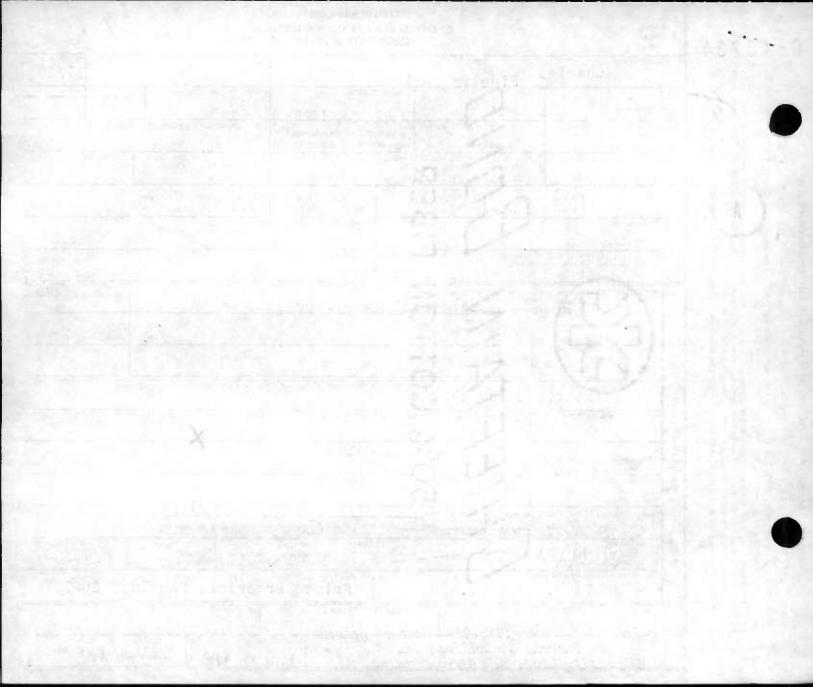
230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN COUNTY

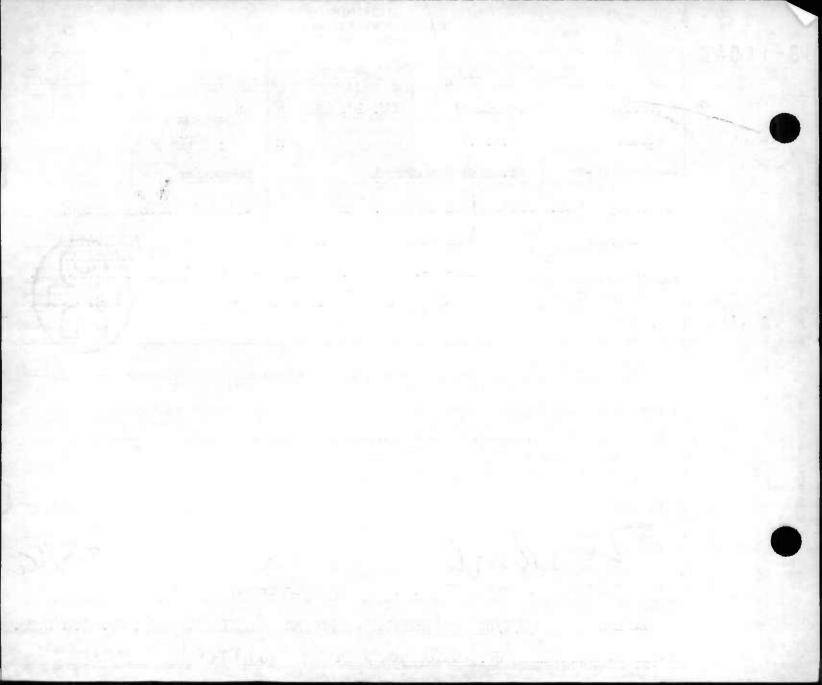
But ial 24 FUNERAL DIRECTOR Francis J. Collins, Jr.

Silver Spring Montgomery Md 1250. Date REC'D. BY REGISTRAR | 25b. REGISTRAR S STONATURE AUG 25 1986 Julia Veriliand Jones.

500 University Blud, W. Silver Spring, Md.



1 1 0 1 0	L	FOR - STATE REGISTRAR	100	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9 7 8
1 4 3 4 0		CEASED NAME FIRST BEATE	RICE ANN	MASTERS	20. DATE OF DEATH MONTH DA	20 110 011
des des	1.58		RACE ANN	5. DATE OF BIRTH	August 5, 198	6 1:15 M
1 of m	1	FEMALE	CAUCASIAN	NOV. 10, 1900	OF MO	ONTHS DAYS HOURS MIN.
1	7o. B	ACTIVITY IN	b. CITIZEN OF WHAT COUNTRY	? 8	BALTIMORE CITY OF COUNTY O	OF DEATH
and	F	RUSSIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	C+ Massala	MD.
s officed in the state of the s		eonardtown	11. NAME OF HOSPITAL, NURS (IENOT IN SUCH FACULTY GIVE STREE ST. MARY S HC	ING HOME OR OTHER INSTITUTION TAPPRESSI SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER	12b. KIND OF BUSINESS OR INDUSTRY
filled in ould be	13a.	AL RESIDENCE (IF NURSING HOME OR (STATE 136 COUN RYLAND ST.]		WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 204 DENT DRIVE	20653
completely st and 2 sh	14. F	ATHER'S NAME MICHAEL	WEINST	EIN RACHEL	MIDDLE	UBINSTEIN
ond.co		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SEC		ADDRESS 204 D	ENT DRIVE
S. Pag		YES, NO OR UNKNOWN) (IF YES, GIVE	126-38-	7386 DR. LARAINE	M. GLIDDEN, LEXING	TON PARK, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death cer sen signed by the attending it. Then please remove carbo ior to burial, cremation, ar re y injury, or ather traumatic e	VION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			MINAL DISEASE OR CONDITION GIVEN	V IN PART 110
he law an. has been prip any any any	CERTIFICATION	THE DATE OF OPERATION	198 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		NG CAUSES OF DEATH?
g physici g physici ertificate ol-transi ntal Hygi	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH [DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
offending offer this contribution is the burner of the contribution of the contributio	MEDICAL	21d. INJURY OCCURRED WHILE ON THE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
NDIN I or		22a.1 certify that (1) (this hospital			, ta	that (I) (we) last
ATTE Spirto CTO 3 for n 21		obove. I (we) (did) (did not	new the body after death.		death occurred on the date and hour o	and from the couses stated
TAL OR hy the horn RAL DIRE detocher tote Dept tote Dept		77k SIGNAYURE	anl	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/5/C
TO HOSPII retained by TO FUNER should be with the St		Williams I	D. Boyd, MI, M	D Leonard	town, Maryland	20650
retained TO HOSP TO FUN should b with the	23e	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	20000
BP	230	SPECIFY BURIAL		VERGREEN MEMORIAL	LEXINGTON PARK,	ST. MARY STATE MD.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR WARD N. BRINSFI		25g DA	TE REC'D. BY REGISTRAR 256. REGISTRA UG 1 1 1986	AR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

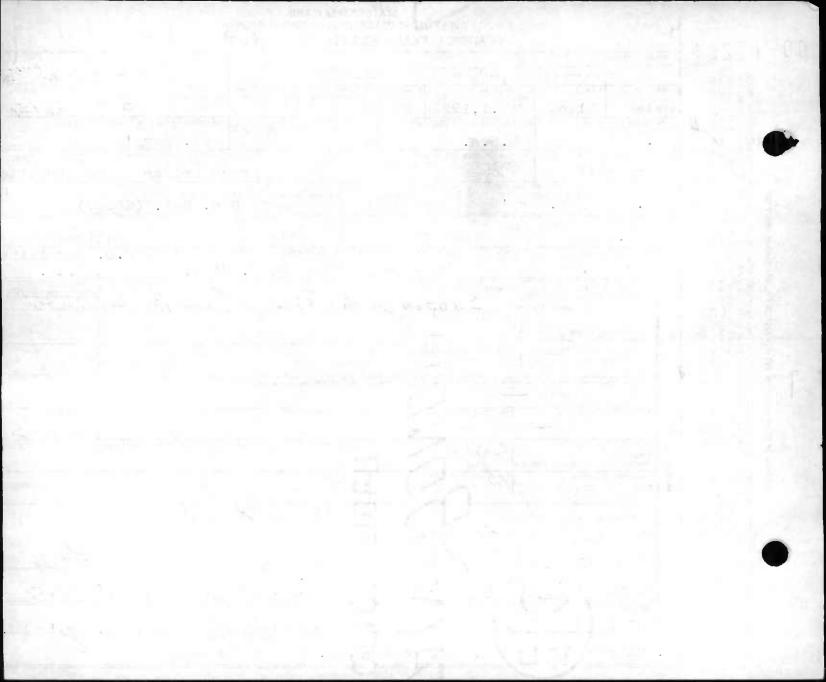
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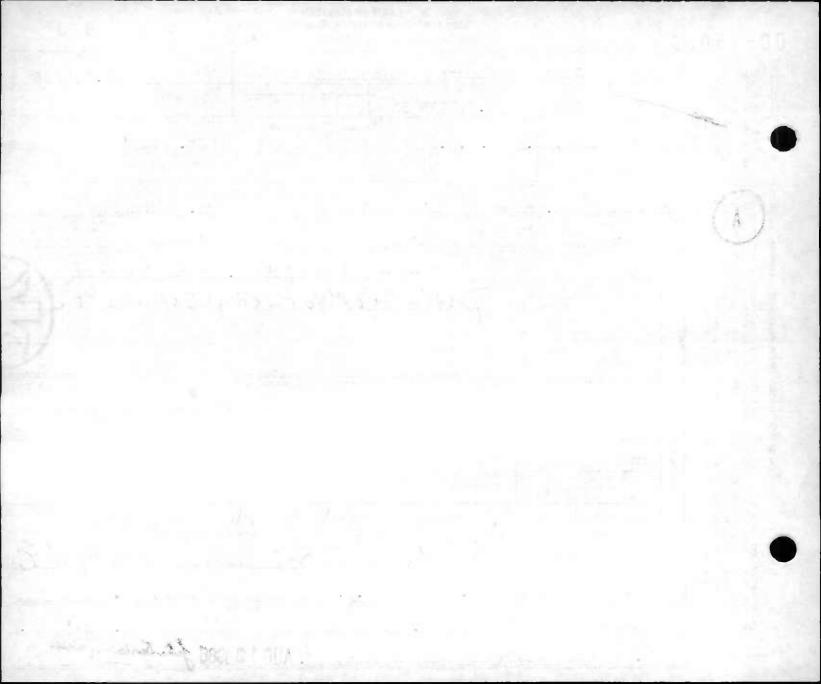
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	3 NO.	4	1	9
_	_		_	

	REGISTRAR	MEDICAL EX	AMINER'S CERTIFICATE	OF DEATH REG. NO.	
	CEASED NAME FIRST RICHARD	R AYMOND	MATTHEWS	OF ESTI-	8 8 19 &
3 SEX Ma	lle Black	Feb.1,1923	AGE (IN YEARS IF UNDER 1 YR. IF UNDER 1 AR. IF UNDER 1 YR. IF UNDE		B 9 1986
Md		76. CITIZEN OF WHAT COUNTRY	WIDOWED DIVOR	ced St. Mary	¹s
P	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET HOME		120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Truck Driver	WORK 126 KIND OF BU OR INDUST Constr
130 ST	Id. St. M	or other institution, give residence before ty ary s Park	Hall YES NO	x Gen. Del. (2	20667)
9	ATHER'S NAME	Clayto		WIDDLE	Matthews
	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V Yes	WAR OR DATES)	24-9162 Raymond		P.O. Box ata, Md.
NO	lying couse last.	(c)CONTRIBUTING TO GEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN I	PART T (d)	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED?		20 AUTOPSY YES []
5 3	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR	RED LENTER MATURE OF MULURY IN ITEM 18 PART	I 1 OR PART 2)
MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)	AT HOME, 21f LOCATION STREET	CITY OR TOWN	COUNTY
		rol couses , Accident	, Suicide , Homicide	on , Inquiry , and in Undetermined monner ,	n my opinion
		1 / / / / / / / / / / / / / / / / / / /	TITLE (SPECIFY)		
5	ACTUAL SIGNATURE	X C. Alle	M.D. Deput	MEDICAL EXAMINER	DATE SIGNED 8/9/8
		vid C. Allen 3b. DATE 23c. NAN	M.D. Deput	1011	DATE SIGNED 8/4/8

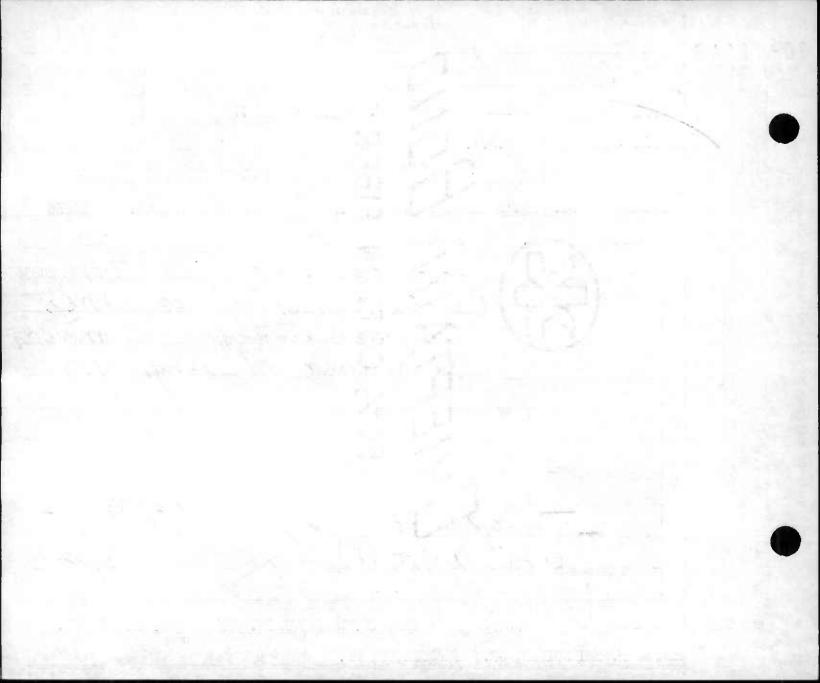
DHMH - 17 20M 4/82





-	FOR STATE REGISTRAR		CERTIF	HEALTH AND MENTAL HYG FICATE OF DEATH	B O REGINO Z	3 9 8 1
	CEASED NAME RAY	GRIM	MCGUI	FETE	The Marie of the Control of the Cont	986 8:3
1.5E)		A RACE	13 DATE O		6 AGE INVERSIANT BRINGAY	IN THUSAN I ARMY. IN CONDU
1	MALE	WHITE	DEC		77 VRS.	MENTIS DAYS ADURE
1000	RTHPLACE ESTATE OR FORESON COUNTRY I	U.S.A.	MARRIE WIDOWI	ED NEVER MARRIED DED DIVORCED	St. Mary's	OF DEATH
	Leonardtown	"FHOT"St": Mary		or other INSTITUTION	17% USUAL OCCUPATION THE OF WORK FOR MICROST OF WORKING US STORE MERCHANT	INDUSTRY GENERAL
M/	ARYLAND ST.	MARY'S LEONARD	WN	YES X NO	13* STREET ADDRESS / ZIP CODE CEDAR LANE APTS	
	JAMES	E. McGUFF		15 MOTHER'S MAIDEN NAI ETTA	MDDU	GRÏM
	WAS DECEASED EVER IN U.S. A 1913 NO OR UNKNOWNE NO	INE WAR DEDATES:		DAVID R. McG	RT:#2, BO	X 203 , MARYLAND
NON	Conditions, if any, which gave rise to immediate cause in storing the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A PONSEO	DEATH BUT		1	ZEN IN POT TION
A	14a DATE OF OPERATION	19h CONDITION FOR WHIC				S. WERE FINDINGS USA
TIFICAT	140 DATE OF OPERATION	JIII. CONDITION FOR WHIC			IN CERTIF	FYING CAUSES OF DEA
CAL CERTIFICATION	THE ACCIDENT WAS UNDERSTOOD ON CONTRIBUTING	216 TIME OF INJURY HOUR AM MONTH I	111	THE HOW INJURY OCCURS	IN CERTIF	FYING CAUSES OF DEA
MEDICAL CERTIFICATI	The ACCIDENT WAS UNDERLYING ON CONTRIBUTING	216 TIME OF INJURY HOUR AM MONTH I	DAY YEAR 19	211 LOCATION	YES NO NO YE	FYING CAUSES OF DEA
200	THE ACCIDENT WAS UNDERLYING ON CONTRIBUTING COLOR COLOR (A STIME, NOSHY MEDICAL EARMIN THE INJURY OCCURRED WHILE AND MOTHER AT WORK 274 Certify The 1 (1) (Mail Sow the determined of the obover, (7) (1) 275 SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH IN P.M. 21e. PLACE OF INJURY 1at 40at. STREET Factors OFFICE DISTORY OFFICE	DAY YEAR 19	211 LOCATION STREET 19 8 C not that in liny! apparant DEGREE Aftending PHYSICIAN 176 ADDRESS	TES NO NO NO NE PER PER PER PER PER PER PER PER PER PE	COUNTY:
WEDICAL MEDICAL	THE ACCIDENT WAS UNDERLYING ON CONTRIBUTING COLOR COLOR (A STIME, NOSHY MEDICAL EARMIN THE INJURY OCCURRED WHILE AND MOTHER AT WORK 274 Certify The 1 (1) (Mail Sow the determined of the obover, (7) (1) 275 SIGNATURE	216 TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH P.M. 216 PLACE OF INJURY 1 at 40 at 11 at 12	DAY YEAR 19	211 LOCATION STREET 19 8 C not that in liny! apinion of physician	TES NO YE RED I portle sequel de organi se riser le r con de la courred on the don and have medical STAFF DIRECTOR PHYSICIAN mardtown, Md	county county that in the county 19 that in y and from the county 12c. DATE SIGNED REENE, PA.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	ing	16	53	13
2	5	4	8	6
				140

1	FOR STATE REGISTRAR			HEALTH AND MENTAL P	HYGIENE 6 2	3 9 8 8	2
	CEASED NAME F#SI	MDC	NE-	LAST	28 DATE OF DEATH MONTH	1.0	TOUR
	FREDER	ICK OT	TO MILI	LER	August 9, 198	6 8:	:00p M
1.51		4 RACE	5 DATE	OF BIRTH	& AGE (INTERESTANT BIRTHDAY)	FUNDER LITERS FOR	NOTE TANKS
-	MALE	WHITE	JAN	. 22, 1898	88	rRS.	
720	IRTHPLACE ISTATE OR FOREIGN CONNECT I CUT	U.S.A	MARR	ED NEVER MARRIED	73.4 Manual		MD
1500	eonardtown	11. NAME OF HOS		OR OTHER INSTITUTION	178: USUAL OCCUPATION (THE OF WORK FOR MOST OF WORK SALESMAN	HOLEN INDUSTRY	The state of the s
1424.		OUNTY	LEONARDTOWN	138 INSIDE CITY LIMITS		- Annual Control of the Control of t	4
5	ATHER'S NAME	MIDDEI CONTRATA	(AS)	ANNA	NAME	SCHOELI	
I do :	JOHANNES WAS DECEASED EVER IN U.S.	CONRAD ARMED FORCEST TIME	MILLER SOCIAL SECURITY NO.	17. INFORMANT	ADDHESS #		i.
		E GIVE WAR OR DATES!	043-10-9152		J. MILLER, LEONA	2, BOX 192 RDTOWN, MD.	20650
CERTIFICATION	Conditions, if any, which gave rise to immediate cause of stating the underlying course lost PART 2 OTHER SIGNIFICAL TREATED OF OPERATION THE ACCIDENT WAS UNDERSTORED.	DUE TO, OR A: 10 NT CONDITIONS CONDITIO	TRIBUTING TO DEATH BUT		75a AUTO 577 170b.	1750.	JSED CEATH!
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY YEAR		COURSE LINES NATION OF PARTY OF THE		
MEDICAL	THE INJURY OCCURRED WHAT IN SORE IN SOCIETY IN SORE I	214 PLACE OF 141 HOME STREET	INJURY FACTORY, OFFICE, FARM, ETC.).	211 LOCATION	cm or town	COLNTY	STATE
	170. I certify that III (best of the compact of the	d not; view the body Alt	109 1080 1	ATTENDING PHYSICIAN 122+ ADDRESS	A PARTE LONG THE LANGE WIND	d hour and from the Javie	4
11775	BURIAL CREMATION, READ	8/11/86	102/2003/2003	CREMATORY	CITY OR TOWN	HARLES, MARY	LAND
74.5	UNERAL DIRECTOR	THE PROPERTY OF THE PARTY OF TH	LEONARDTOW	35a	DATE REC'D BY REGISTRAR TO NO		100

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

DHMH - 16 60M 7/84

O FUNERAL DIRECTOR

(VRA 15, 4)

Critical County County of County and County

Legacy Jungana, magazanes

SE CON

SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0 0
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be anding physician.	- 1
this certificate loss been signed by the ottending physician and completely killed in by the luneral director page 3 cm the burial from permit Then please remove conban pagers. Fand 2 should be filed within 72 pours of the death commons of removal.	567

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH 2h HOUR MOLLIE LOU MONROE August 13 1986 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH FEMALE DEC. BLACK 1919 66 BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA U.S.A. St. Mary's WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AGDRESS)

St. Mary's Hospital TYPE OF WORK FOR MOST OF WORKING LIFE! Leonardtown HOMEMAKER SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND LEXINGTON ST. MARY'S 100 LEXWOOD DRIVE. YES X 8A 20653 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIDDLE LAST FIRST UNKNOWN SALLY WHITE 100°°LEXWOOD DRIVE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 228-01-6868 JAMES G. MONROE, LEXINGTON PARK, MD. BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY revolugey and Accident DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COYOUR 91293 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE SIREET AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE 22e.1 certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated abave, (1) (we) (did) (did not more than

N. Shah, M.D.

224 PHYSICIAN'S NAME (TYPE OF PRINT

22b. SIGNATURE

Leonardtown, Maryland 20650

MEDICAL

DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURIAL 8/18/86 LEXINGTON PK., ST. MARY'S, MD. FIRST BAPTIST CEMETERY

DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN

24 FUNERAL DIRECTOR EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

Lilia Davidson Andelle

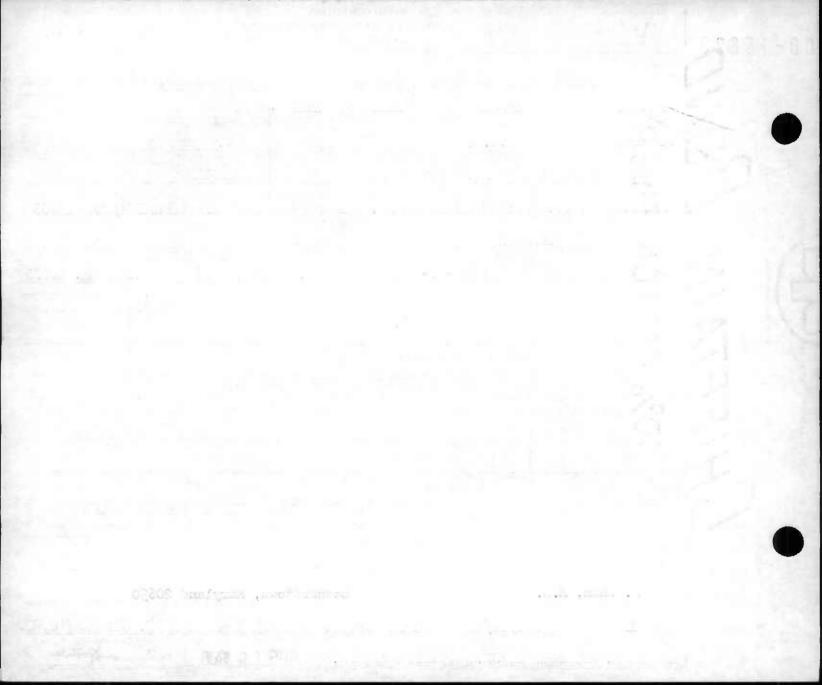
STAFF

22¢ DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Ad be deto

CREANT



MIDDLE

(SPECIFY) Burial Joseph's 24. FUNERAL DIRECTOR

FOR

I. DECEASED NAME

REGISTRAR

FIRST

- STATE

Same as 13e

NO F

REG. NO MONTH DAY YEAR

2ª DATE OF DEATH 2h HOUR 51 20 1006

THUNDER I YEAR IF UNDER 24 HRS YRS

BALTIMORE CITY OR COUNTY OF DEATH

St. Mary's County

12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Box 80

LAST

Unknown

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

TO IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

> YES [THE HOW INJURY OCCURRED (INTERNATURE OF INJURY IN ITEM IS: PART I OR PART IS

COUNTY

STATE and that in (my) law) opinion death occurred on the date and hour and from the course.

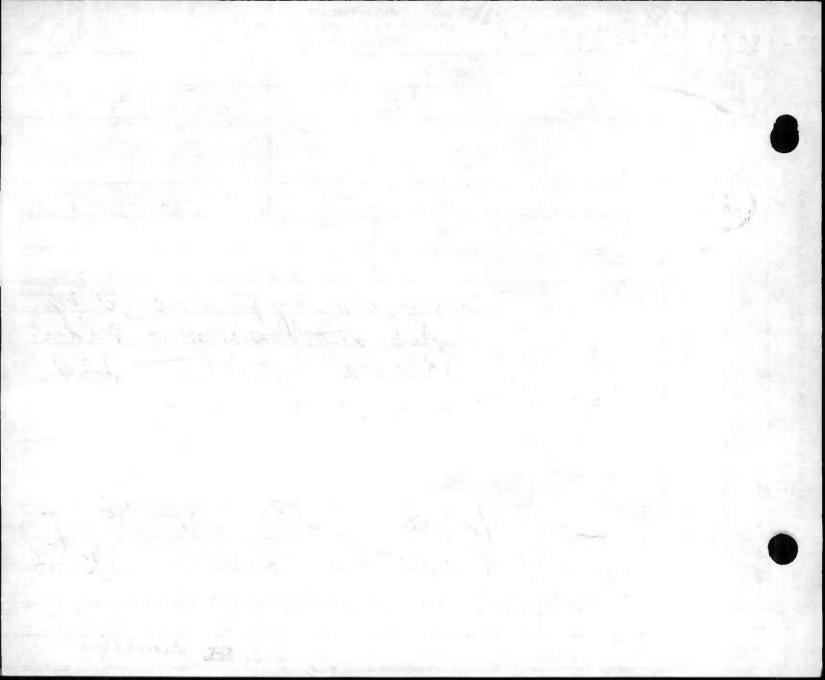
STAFF

Maryland

STATE COUNTY

Cemetery Morganza St Mary'sMd ALICA 2 1086 STATESTER STATES SICHATURE W. Clarke Mattingley Leonardt own [6] 2

DHMH-16 25M (VRA 15, 4) 1/79



	nter death. Page 4 may b	the funeral director, poged within 72 hours after dec
1	G)	d in by
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLANDETTE	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be aby the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page d be detached for use as the burial-transit permit. Then please remove carban pages. Rand 2 should be filed within 22 hours after dec
	OSPITAL OR	UNERAL DIRI

9	1 -	FOR STATE	DEPA	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6 2	3 4 8 5
	1 05/	REGISTRAR CEASED NAME FIRST	WIDDLE		IAST	REG. NO.	DAY YEAR 76 HOLIR
		OR PRINT) Twin A	/			August 16, 198	18 110011
-	3. SE)		n/b Male	ROBI		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI
		ale	Black				MONTHS DAYS HOURS MI
5		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUNTY St. Mary's Cou	TY OF DEATH
6		eonardtown	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' St. Mary's Ho	TREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS INDUSTRY
3	13a S		other institution, give residence b ITY 131. CITY OR T Mary's Holly	OWN	13d INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS / ZIP COI Rt.2, Box	082170634
20		THER'S NAME Bryan	Clayton	1	15. MOTHER'S MAIDEN NAM Karen	WE	Robinson
/		/AS DECEASED EVER IN U.S. AR. (IF YES, GIV	MED FORCES? 16b. SOCIAL S E WAR OR DATES)	SECURITY NO.	Karen Robii	nson, Same a	ıs 13e.
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (a), (b) BY. E CAUSE (a) Resta		foilme	20 10	APPROXIMATE INTERVAL 8ETWEEN ONSET AND DEA
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	rema	lin 19 9	gestation Tuin	A
	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT		inal disease or condition G	IVEN IN PART 110
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATIO	DN WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
9	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
4	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	H	22a. I certify that (I) (this haspe saw the deceased alive an above, (I) (we) (did) (did no	1		nd that in (my) (our) opinion o	to	that (I) (we)
		22b. SIGNATURE	m week o	0	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
		124 PHYSICIAN'S NAME (TYPE O			22e. ADDRESS	ltown, Maryland	20650
		URIAL, CREMATION, REMOVAL Urial			CEMETERY OR CREMATORY es Memorial	23d LOCATION	, St. Mary stal
84		ineral director . Clarke Mat	tingley.Leor	årdto		E REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE

for head a regard of the contract of

near an heaven

Councer n, Crees 19.5

Decommond, Maryland 20650

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be exercised with 24 hours, then death, "The low requires that the death certificate has been ugged by the buries of the death of the death of the death of the buries from the finite death." Character, page 3 should be detached for use as the buries from the minimum containing physician and competitive filled in by the future director, page 3 should be detached for use as the buries from the minimum containing the filled within a filled with the death.	DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MARYLAND 27401	0 0
been signed by the attending physican and completely tilled in by the funeral director, page 3 mil. Then prede emains cotton papers. Pages 1 mod 2 shalld be filled within 22 hours ofter death	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed witho 24 hours, free death. Pogs 4 moy be	- 1
	reformed by the hospitol or ottending physician.	5
	TO FUNKAL URECTOR Affecting certificate has been lighted by the pleaning payment and a shall be failed within 22 hours often death	8
	INFOCKTANT: If Item 21 is morked or Item 18 shows one injury, to other training event. The modical examines and and other	1

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND FOR - STATE REGISTRAR DEPARTMENT OF HEALTH CERTIFICATE

AND MENTAL HYGIENES OF DEATH	6	REG. NO.	2	3	4	8	6

							KEG. N	0.		
		CEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(ITPE	Twin B	n	b Male	ROB	INSON	August 1	6. 198	86	3:00 Am
-	3 SEX	ν	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	J JL/	^			MONTI	DAY YEAR	AGE (INTERRSTRATION		MONTHS DAYS	HOURS MIN.
			Bla	ck	Aug	16,1986		YRS.	1.5	1 54
	7a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED X	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
2		onardtown, Md	T.I.	SA	WIDOW	DIVORCED	St. Mary'	s Cow	nty	AAD
,		ITY OR TOWN OF DEATH			•	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
0	T	eonardtown /		HEACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O			1 000% 1230 01
										S
4		AL RESIDENCE (IF NURSING HOME OR STATE 131 COUN		130 CITY OR TOV		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	/ 7IP CODE	7	121
1	Ma		ary's	Hollyw		YES NOX	Rt.2, I	30x 2	10/	1606
П		ATHER'S NAME		-		15. MOTHER'S MAIDEN NAM				
ì	1		MIDDLE	lavton		IV a v an	MIDDLE		DO F	inson
5		Bryan		3		Karen			KOL	THEOH
		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR		4.0	
1	- '	(1 10 01 0 111 0 111)	e was on pares;			Karen Robin	nson, Sa	me as	s 13e.	
-1		IS CALISE OF BEATH, E-		t former der					APPROXI	MATE INTERVAL
9		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	D BY:	Reco	ملمحن	Tu foilu	. 2		BETWEEN	ONSET AND DEATH
		IMMEDIAT	E CAUSE (o)	V 674	110-		` `			
5		of the state of the	DUE TO, O	R AS A CONSEQU	JENCE OF	2 . + 1	a 1 1 100	1		
2/		Conditions, if any, which	(jb)			(semenni	1 2/10	L,		
1		gove rise to immediate couse (a), stating the	3 205 70 0	B + 6 + 6 0 + 16 5 0 +	IENICE OF	22-2464	1 9011-1	0.2		
- 1		underlying couse lost	DUE TO, O	R AS A CONSEQU	JENCE OF	22,2000	Jezinn	04		
Н		PART 2. OTHER SIGNIFICANT O	(c)			Illia	٥.			
	z	PART 2. OTHER SIGNIFICANT	ONDITIONS CO	JNIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITIONGIV	EN IN PART TO	
-	CERTIFICATION	A DATE OF OPERATION	In sour		1000011210		Tax	Tan 15 VEV		
1	ICA	19a. DATE OF OPERATION	196 COND	HION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDING CAUSES	
	TIE						YES NO	YE		NO 🗌
5	CER	21a. ACCIDENT WAS UNDERLYING	1.00110 1			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1B P	PART I OR PART 2)	
7		OR CONTRIBUTING CAUSE OF DEA		M. MONTH D						
)IC	(IF EITHER NOTIFY MEDICAL EXAMINER	21e. PLACE	M.	19	211 LOCATION				
	MEDICAL			REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		WHILE NOT WHILE AT WORK								
		220.1 certify that (I) (this hospi	tol) ottended th	e deceased from.		, 19	, to	,	19	that (I) (we) last
		saw the deceased alive on		19_	, ai	nd that in (my) (our) opinion d	eoth occurred on the d	ate and hou	r and from the	couses stoted
		obove, (I) (we) (did) (did no 27b. SIGNATURE	t) view the body	ofter deoth.		DEGREE			22c DATE	CICNED
		120. SIGNATURE	1111	war	MIN.		MEDICAL STA	e e	ZR. DATE	SIGNED
					עיייו	PHYSICIAN L	DIRECTOR PHYSIC	IAN		100
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS				
		T. 1	V. Shah	MD		Leonard	ltown, Mary	land a	20650	
	23n B	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	236. LOCATION			
		Burial	8/18/				CITY OR TOWN		COUNTY	STATE
			10/ TO/	oo hu	aries	Memorial	Deonardto	wn S	t Mary	s.Md.
		JNERAL DIRECTOR		ADDRESS		250. DATE	REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
	W.	Clarke Matti	ngley	Leonard	town	Maryland All	6 20 1900	Adre	Timber:	Portage
							THE REAL PROPERTY.	A STATE OF THE PARTY OF THE PAR	A	The second secon

gines n'agent de Lead of the control o

T. V. simin, J. M. Loonardton, Sarylana 20500

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MARYLAND 21201	
SALTIMORE,	
I W. PRESTON ST.	
F VITAL RECORDS, 20	
DIVISION O	

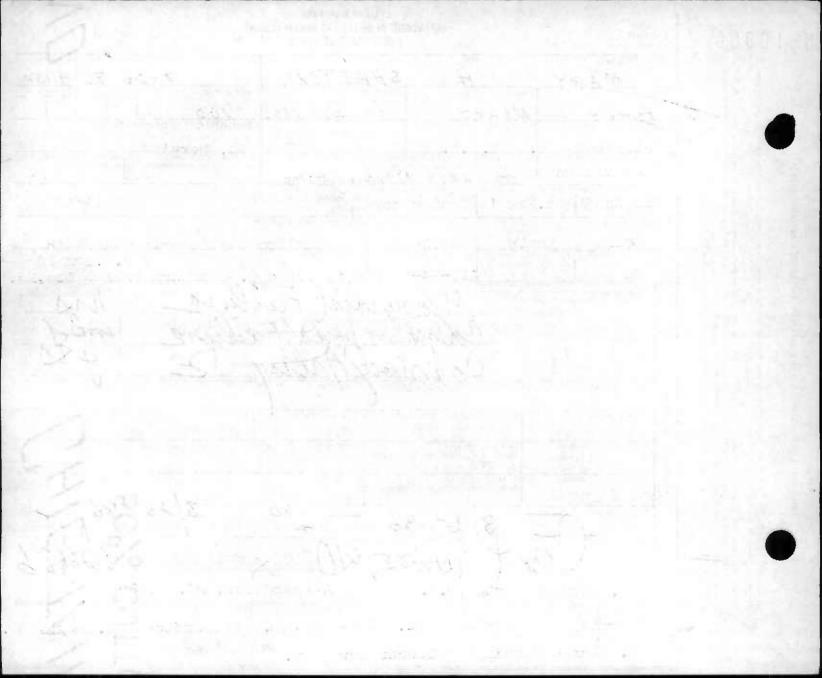
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	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	5 9 8 /
	T. DE	CEASED NAME 1951	WEIDLE	LAST	Zu. DATE OF DEATH. MONTH	DATE YEAR 15 HO
	tring	MANY	4	SHETTAL	0.	-26-86 9:
	1.5E	MAIPT	RACE	3 DATE OF BIRTH	6. AGE (IN HAR) (AST BETHDAY)	PUNCERTYEAR FUNDS
4	-	- 1		MONTH DAY YEAR		MONTHS SIAFS HOURS
4	2 00	remele	NEG TO	08 21-188	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	/RS.
4		OUNTRY)	E CHIZEMOF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNITOFDEATH
2		iollywood, Md.	U.S.A.	WIDOWED DWORCED [St. Mary's	
12	1000	eonardtown	IF HOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	THE USUAL OCCUPATION	IJA KIND OF BUSIN
0		STREET, STREET	ST. MARY	S Nursing Home		
1	T 1	AL RESIDENCE IN MUNICIPAL HOME ON C	Mary's Leon		113e STREET ADDRESS	2661
0	P	laryland St.	mary's Leon	ardtown YES NO		1000
74	14. FA	THER'S NAME	ODIE (AS	IS MOTHER'S MAIDEN I	NAME	1637
50		John Lou				
		VAS DECEASED EVER IN U.S. ARM	ED FORCES? IM SOCIAL	SECURITY NO. 17, INFORMANT	ADDRESS	P.O.Box 2
1	h	NO DE UNKNOWNO I DE VES GIVE	WAN CH DATES)	4-9090 Catherin	o D Mhompson	
/				4-30301 Califer III	P D Prinompsor	Valley Lee
		PART I DEATH WAS CAUSED		ocardial to	2. Vins	h a. A
		IMMEDIATE	CAUSE (a)	occe may 1	and -	1000
		Harvey and the same of the same	DUE TO ONE A PORT	EQUENTO 6 6	En. V. 19	who
		Conditions, if any, which gave rise to immediate	(b) 000	Bury JEary	auce	77
		cause (a), stating the	DUE TO ON SACONS	SEQUENCE OF	10	4/2
		underlying couse lust	10 0	many mus	ay Je	10
	,	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	O TO DEATH BUT NOT RELATED TO THE TE	MAINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
	CERTIFICATION					
0	2	19s DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USE CERTIFYING CAUSES OF DEA
/	E				YES NO	YES NO [
,	8	318 VCCIDENT MYZ ONDERTAING	718. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR ZIE HOW INJURY OCC	URRED I pure nature of number in its	THE PERSON CONTRACTOR
91	3	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19		
/	MEDICAL	214 INJURY OCCURRED	71e, PLACE OF INJURY	ZII. LOCATION	CITY DRITOWN	COUNTY
	Z	AMORE CO NOT MADE CO	(AT HOME, STREET, FACTORS, O	FFCE. FARM, ETC. 1		100-1
		22s.1 certify that (1) (the hospite	oh attended she deceased f	rom - 4 19.87	2 10 8/2	6 19 86 that the
	100	sow the deceated alive on_	K DIA	19 86 and that in (my) in openi	on death occurred on the date on	
		obove, (I) (Cortdid) (III)	view the Body often Death.	DEGREE A		21 DATE SIGNA
			, 4 100	Vana /// ITEMPAIR	MEDICAL STAFF	8/2//
		\ LA	from I like to		THE DIRECTOR'S PHYSICIAN I	1///4699/
		Ja Suveriani Ja	100			10/0.0/ 6
7		224 PHYSICIAN'S NAME TITLE OF		224 ADDRESS	7	1010
I			Jarboe M.D	Leonar	dtown, Md. 2	100
I		J. Patrick	Jarboe M.D	Leonar 134: NAME OF CEMETERY OF CREMATOR	cdtown, Md. 2	100
I		J. Patrick	Jarboe M.D	Leonar	rdtown, Md. 2	0650

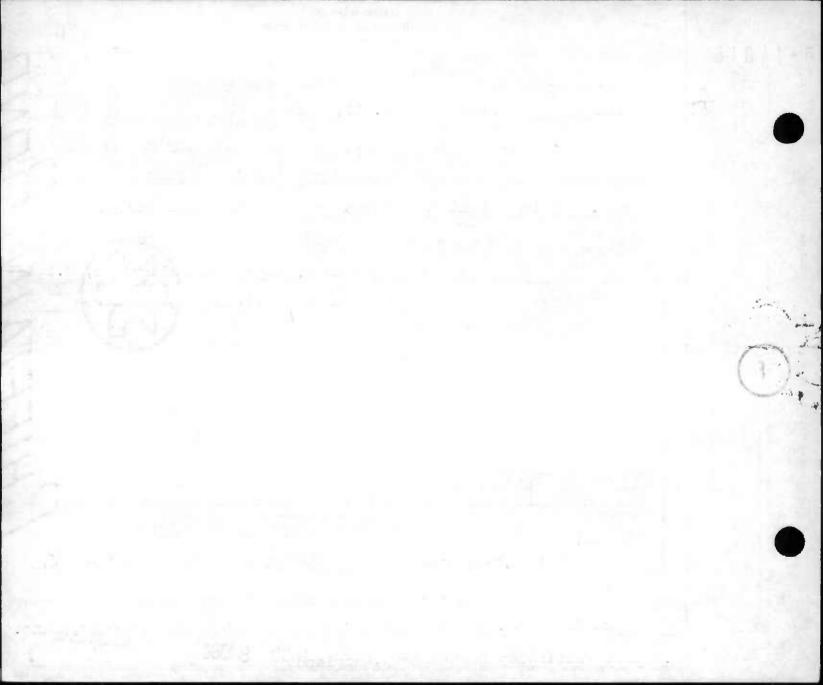
STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low-retained by the hospital or otherding physician



				STATE OF MARYEAND									
	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH									
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR							
		JOHN	MELVIN	SHOEMAKER	August	5. $1986 9:34^{1}$							
2	1 SE	1	. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN							
5	1	Male	White	Dec. 23, 1895	90	YRS.							
11		OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED									
1		Pa.	USA	WIDOWED DIVORCED [ry's County "							
0	7_]	Leonardtown	(IF NOT IN SUCH FACILITY, GIVE STREET , St. Mar	y's Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Mail Cart	WORKING LIFE) INDUSTRY							
3	13a S	Penna. Bla		aysburing No -	915 Edga	ar Street 9999							
100	Y FA		IDDLE LAST	15 MOTHER'S MAIDEN I	MIDDLE	LAST							
ZA		Uriah	Shoemake			Price							
3		'AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!		ADDRE								
/				104 Helen S.K	napp Mecha	nicsville,Md.20							
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for 1971, and	diei .	dia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
		IMMEDIATE	CAUSE (a)	nic Jung	س مدین	e (n)							
			DUE TO, OR AS A CONSEQUE	NCE OF		LV HIZ							
		Conditions, if ony, which gove rise to immediate	(b)										
	10	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF									
			(c)	DEATH BUT NOT RELATED TO THE TE									
	N	PART 2. OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	KWINAL DISEASE OF CONF	DITION GIVEN IN PART 110							
1	CERTIFICATION	190. DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS US								
4	LIFIC				YES TO NOTA	IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc							
9	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH DA	19 21c. HOW INJURY OCCI	URRED (ENTER NATURE OF IN)								
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE							
		22a I certify that (I) (this hospita		, 19	, to	, 19, that (I) (we) la							
		sow the deceased alive an obove, (1) (we) (did) (did nat)	view the body after death.	ond that in (my) (our) opinion	on death occurred on the do	te and hour and from the causes stated							
		22b. SIGNATU	* MEDICAL STAF										
1	-0	22d. PHYSICIAN'S NAME STYPE OR	PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN DICE TO							
					. 1. 26								
-	22- 0		D. Boyd, M.D.	LEON IAME OF CEMETERY OR CREMATOR	ardtown, Mo								
1		URIAL, CREMATION, REMOVAL Burial			CITY OR TOWN	COUNTY							
1	24 FI	NERAL DIRECTOR	Huy . 0 , 1900 A	lto-Rest Park	ALLegher	ny Township Ren							
			ADDRESS	town, Maryland		The state of the s							
	VV .	CTALKE MACCII	grey reonard	cown, Maryland	0 000								



PRAL DIRECTOR.

PRAY YOUR FILES.

THIN 72 HOURS.

RESTON STREET.

STATE OF MARYLAND											
DEPART	MENT	OF HEA	LTH AN	ID MEN	TAL	HYC	SIENE				
MEDICAL	EVAL	AINIED	CCED	TIPICA	YE	OF	DEATL				

1 - 3	FOR STATE						MENT OF					9		100	any		73	
	REGISTRAR		FIRST			MIDDLE	EXAMIN	AEK.2 C	CERTIFIC	CAIEC	JF DEA			MO.	J	7 8	5	9
	CEASED NAMI E OR PRINT)							-2,0				2e. DATE OF	ESTI-	-	HTMON			26 HOUR
-			ELEANO			GGIE			EWART				H MATED	-	5 -	30 198		9AM
1. 5EX		4 RACE		5. DATE OF E	DAY	YEAR	6. AGE IN Y		HS DAYS	IF UNDER	R 24 HRS.	PRONOL	JNCED	M	HTMO		01	2d HOUR
-	MALE	BLA	CK			924	V	YRS.		1.00.00		DEA	AD	8	3 3		86	EP M
	RTHPLACE (5)			7b. CITIZEN		I COUN	TRY?	8 MARR	IED TENE	VER MARR	RIED [_	OUNTY	Y OF DEAT	TH	
	ARYLANI				S.A.			WIDOW		DIVORC			MAR			- X		MD.
10. ⊂ I1	TY OR TOWN	OF DEA	ATH	11. NAME O	F HOSPIT	ITAL, NURSING HOMÉ, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK LITY, GIVE STREET ADDRESS)									WORK 12	2b KIND C	OF BUS	
	LOVEVILLE RT. #247 HOUSEKEEPER											HOSPI	TAL					
MA	RYLAND			MARY'S		13c CITY	OR TOWN /EVILLE	E	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS P.O. BC						BOX	74,	206	556
14. FA	ATHER'S NAME	Ê		MIDDLE			LAST		IS. MOTH	ER'S MAID			MIDDLE			LAST		
	JAMES	ALT					URTNE	Y	B	EATRI	CE				V	WILSO		
16a. W	VAS DECEASEI		IN U.S. ARM				CIAL SECURIT		17. INFOR	MANT		R	T.AD#	fs B	SOX 1	X 141		
	NO		(= ===================================			217-	-30-06	48	AGN	ES AN	N RE	ED, M	TECHA!	NÍCS	VILI	LE, M	D.	
NON	gave ris cause (a) lying cau	ise ta i) stating use lost.	any, which immediate g the <u>under</u> -	(b).	TO, OR AS	S A CON	NSEQUENCE	OF	E OR CONDITIC	ON GIYEN IN PA	ART 1 a						act	
CERTIFICATION	19a. DATE OF	OPERA	TION	19b. C	ONDITIO)N FOR Y	WHICH OPE	RATION W	AS PERFOR	RMED?						20 AUTO	OPSY?	
THE		- Desirable of	-													YES NO NO		
	210. EXTERNA UNDERLYING CONTRIBUTION	G O	OR CAUSE OF D	DEATH HOU	P.M.	MONTH	DAY YEA	AR 21c HC	OW INJURY	/ OCCURRE	ED (ENTER	NATURE OF I	INJURY IN ITE	M 18 PART	1 OR PART	2)		
MEDICAL	21d INJURY C				PLACE OF I		TAT HOME,		STREET			CITY OR T	IOWN		COUN	4TY		STATE
	22a I certi death resulti			e of the remain	7	ibed abav		Autap Suicide	, Homi	Inspectio	6.500	Inquir	, ,	and in	my opin	nion		
	ACTUAL SIGNATURE		Dav.	of C	- /	Mo	_	м	.D. D	pate	ZMEI	DICALEXA	LMINER		DATE SIGNED.	8/	3/	86
	EXAMINER'S (TYPE OR PRI	INT)	DAVI	ID ALLI	EN, N		-		ADDRESS_	XB _{CK}	-60	21 L+	eona	rito	W.	Ma	206	50
(5)	URIAL, CREMA	TION, RE	EMOVAL 23				NAME OF CE			ORY	23d. LC	OCATION Y OR TOWN			COUNT		STAT	TE
	URIAL			9/4/8	,6	Q	QUEEN (OF PE	ACE	Y=2		ELEN,			N'S,		RYLA	ND_
74. FU	JNERAL DIREC				ADDRESS	* E01	TA DOMOT	T-73.7 3.6		25a. DATE	REC'D. B'	Y REGISTA	RAR 25b. F	REGISTR	AR'S 51G	SNATURE		

DHMH - 17 (VR A15 ME (5)) 20M 4/82

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

1986

	FOR	TE.			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTA	. 3	NE /s	0 7	Li i	a n
-14690		ISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.	1	7 0
2 7 2	TYPE OR PRIN		FIRST YN	FRANC	ES	WEIS	MAN	20	August 3	1986	YEAR	26 HOUR 5:20 A
OE OF	3. SEX		4 RA	CE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
\$ O	FEMA	LE	C	AUCAS:	IAN	JUNE			55	YRS	DAIS	HOOKS MIN.
2	RTHPL COUNTR MARY	ACE (STATE OR F	OREIGN 7b. C	U.S.	WHAT COUNTE	RY? 8. MARRIE WIDOWE	D X NEVER MARRIED DIVORCED		St. Mary			MD.
76		TOWN OF DEA		NAME OF H	OSPITAL, NUR H FACILITY, GIVE STE Y 8 HO	SING HOME C	OR OTHER INSTITUTION	-(1	USUAL OCCUPATIVE OF WORK FOR MOST		INDUSTRY	OF BUSINESS OR AL HEALTH
should b	USUAL RES 130. STATE MARYI 14. FATHER	AND	13b. COUNTY	ARY'S	GIVE RESIDENCE BE 13c. CITY OR TO HOLLYW	NWC	13d INSIDECITY LIMI YES - NO -	0	STREET ADDRESS	ZIP CODE	3	20636
ond 2	J	ULIUS	MIDDE		SIRK	IS	NETT I	E			BRE	NNER
Pogest medical	160 WAS D	OR UNKNOWN)	(IF YES, GIVE WAR		16h SOCIAL SE 215-28	CURITY NO.	17. INFORMANT ELLIOT WE	EISMAN	RT. #1º N, HOLLYW	BOX 1	163 RYLAN	D 20636
propers coult	18 C	AUSE OF DEATI ART I. DEATH W	H (Enter only one AS CAUSED BY: IMMEDIATE CA					ARR				XIMATE INTERVAL LONSET AND DEATH
signed by the call hen pleos to burial, njury, or other rea	gov cous und	ditions, if ony, e rise to imm the (0), stotin- erlying couse	nediote g the lost.	(c)	LUNG R AS A CONSEC DITRIBUTING 1	DUENCE OF	NOT RELATED TO THE	1			N IN PART 1	10
permit. I	CERTIFICATION 1840 D	ATE OF OPERAT	ION	196 CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?			INGS USED S OF DEATH?
Secrificate buriol-transif Mental Hygin I 8 sh		ACCIDENT WAS UND	AUSE OF DEATH	P./	M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRED		URY IN ITEM 18 PAR	RT OR PART 2)	
olth and Mer morked or Ite	9	NJURY OCCURR	RED 2	le. PLACE			211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
or use o	22 tl . 1	certify that (1) ow the decease object, (1) (400) (5	(the hospital) o	ttended the	deceased from	m 1-2	nd that in (my) (and op	pinion deo	th occurred on the c	dote and hour	ond from the	that (I) (wee) lost
exal Disculor of detoched for u Stote Dept. of He ANT: If Item 21 is	22b. S	IGN TURE	1 1 B.	lunca			DEGREE ATTENDI PHYSICI	ING A	MEDICAL STA		22c DATI	E SIGNED
should be deta	22d P		. Benne		.D.		Califo	ornia	, Marylan	d 206	19	
F 20 3 ₹1	11055151	, CREMATION,		b. DATE			EMETERY OR CREMAT		23d LOCATION CITY OR TOWN	PR	INCE	STATE
<u> </u>	BURI			8/5/86	5	Maryla	nd Veteran	ıs	CHELTEN	HAM, GE	ORGE'S	
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